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ABSTRACT

This handbook was developed to facilitate the task school districts face in developing and implementing effective Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) curriculum and policy. Organized into five sections, the guide begins with an introduction that includes the New Hampshire State Board of Education HIV/AIDS philosophy and goals, an updated version of "Surgeon General's Report on Acquired Immune Deficiency Syndrome" by the former Surgeon General, C. Everett Koop, and community action steps. The second section describes the Cornell University Model Program, the Atlanta Center for Counseling and Family Education "Active Parenting" Discussion Program, guidelines for effective education about AIDS from the Centers for Disease Control, outcome/performance indicators K-12, and criteria for evaluating an AIDS curriculum. The third section, "Policy Development and Implementation Guide," addresses the following topics: general principles for student attendance, staff employment, confidentiality, testing, evaluating HIV-infected students and staff members, infection control, pertinent federal legislation on discrimination and on protection for the disabled, reporting, and getting a school district ready for a rational approach to students and staff who are infected with HIV. The final section provides a resource guide: AIDS information and referral services, New Hampshire HIV Counseling and testing sites, community service organizations (speakers/consultants), national organizations, and educational materials. New Hampshire laws relating to HIV/AIDS, ideas for family communication, a sexuality education survey, glossary, and the Wisconsin Curriculum Progression Matrix--K-12 are appended. (LL)

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ED 361 309

New Hampshire Educators' Handbook

A Guide for Developing HIV/AIDS Curriculum and Policy

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New Hampshire Educators' Handbook

A Guide for Developing HIV/AIDS Curriculum and Policy

New Hampshire Department of Education
Concord, New Hampshire
December 1990

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Message from The State Board of Education

President George Bush and the National Governors' Association have pledged that by the year 2000 our students will be among the most skillful and knowledgeable in the world. Can we make a similar promise to our children that, also by that year, they will be among the most healthy and most risk-free from AIDS? To make such a bold promise requires that we address the realities of this crisis today as well as its implications for tomorrow. Our focus should be on the ideal as well as the real. To achieve this vision, we must begin to teach and model positive attitudes, healthy behaviors, and hope. Educators, health officials, clergy, and especially parents must share this vision. Our mission must begin today.

In 1988, the New Hampshire Legislature amended the powers and duties of the State Board of Education to include the responsibility for developing and providing HIV-related educational materials to all schools in the state (RSA-186:11, IX-a). This process was facilitated by the establishment of two professional positions in the Department (Curriculum Supervisors for Health Education and School Health Services) and the receipt of funds for HIV/AIDS education from the United States Centers for Disease Control. In 1989, the State Board and the Department created an interagency task force to design a model HIV/AIDS curriculum—to educate our children to the dangers of behaviors that could result in HIV infection. Their initial work has been completed but the critical work has yet to begin.

Parents should be substantively involved in community decisions concerning this sensitive and tragic subject.

Our schools will play an important role in AIDS education, and many hours have gone into the preparation of this Educators' Handbook. However, this or any other health curriculum is meant to supplement the basic information and training that each child receives in the home. Therefore, the State Board strongly urges that local districts establish a health program advisory committee to assist educators in the implementation of school health programs. This local advisory committee should be comprised of parents, educators, clergy, health officials, and others. The message is clear. Each advisory committee must represent the needs and viewpoints of its own community, thereby insuring local support. Thus, it is essential that parents take the opportunity to serve on such committees or, at least, to give input to these committees. Parents should be substantively involved in community decisions concerning this sensitive and tragic subject. To refrain from being vocal on this matter, is to insure that local HIV/AIDS education will not reflect parents' viewpoints—the viewpoints of the primary educators.

The State Board of Education, with the guidance of Dr. Eugene O. Jalbert, a member of the Board and a pediatrician, reviewed this Handbook, recommended changes, and accepted this model for distribution to local districts. Being responsive to not only the climate of urgency

that the HIV/AIDS epidemic has created, but also to the sensibilities of the public, we have tried to incorporate two messages to be communicated to our youngsters—a message of prevention for all and a message of support for behavioral changes where necessary. Our hope is that the number of children whose high-risk activities we must seek to change will shrink, as our message of prevention spreads.

We have a grave responsibility to change this life-threatening behavior.

The reality, today, is that many children are in danger of contracting the dreaded AIDS virus. Self-destructive behaviors have put them at risk. As the Centers for Disease Control and Dr. C. Everett Koop have stated, we have a grave responsibility to change this life-threatening behavior. However, many children in our schools are not sexually active and are not drug abusers. Their positive attitudes and sense of personal responsibility must be reinforced. All students are in the process of making decisions about their personal behavior. Pressured by peers, encouraged by the often irresponsible and offensive messages that media send, and, in some instances, without sufficient parental guidance, they are at a crossroads in their lives. The information, examples, messages, as well as the methods that we utilize to educate students will have a profound impact on their decisions and their individual futures. It is imperative that we keep this in mind. For any HIV/AIDS program to begin by presuming that all children will eventually engage in promiscuous sex or drug abuse could possibly result in children adopting these destructive behaviors. As adults, we must exercise our responsibility by supporting and encouraging our youth to respect themselves and to respect others. We must educate them to the rewards of responsible behavior as well as to the consequences of irresponsible actions. It is essential to give them the sense of hope for tomorrow and the skills to deal with the realities of today.

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I. Introductory Section

Foreword

Since the first cases of Acquired Immuno-Deficiency Syndrome (AIDS) were reported in 1981, the human immunodeficiency virus (HIV) that causes AIDS has resulted in a world-wide epidemic of disease for which there is, to date, no cure. In 1986, then U.S. Surgeon General, C. Everett Koop, issued a report to the nation about this epidemic in which he stated:

> *"Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards."*

Following Koop's leadership, the Centers for Disease Control in its *Guidelines for Effective School Health Education To Prevent the Spread of AIDS* focused the nation's schools on the principal purpose of AIDS education—to prevent HIV infection. In it, the CDC emphasizes that:

> *"The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people."*

As citizens and future voters, students must possess the values and knowledge to ensure that communities respond compassionately and reflectively to the needs of HIV-infected persons and their families. AIDS is a life-threatening disease and a major public health issue but its impact on our society can be made less devastating by our coming together in community bodies and working as a unified whole to combat its force. With the strong belief that the education of its youth should be under the control of local communities, the Department offers this Educator's Handbook, as a guide, in an effort to facilitate the task school districts face in developing and implementing effective HIV/AIDS curriculum and policy.

Students must possess the values and knowledge to ensure that communities respond compassionately and reflectively to the needs of HIV-infected persons and their families.

Each local community has the capacity, through the consensus-building process, to respond reflectively to this issue.

The New Hampshire State Department of Education endorses the approach to HIV/AIDS education fostered by former Surgeon General Koop and the Centers for Disease Control. Each local community has the capacity, through the consensus-building process, to respond reflectively to this issue while respecting cultural and ethical differences. To meet this vital educational need, the Department feels that cooperative, collaborative, and communicative community involvement is a necessity as schools endeavor to develop educational programs. On a personal level, *all* students must have the knowledge, skills, and values necessary to adopt and maintain the types of behavior that will eliminate their risk of becoming infected.

On behalf of the New Hampshire State Department of Education, I wish to both acknowledge and thank the many people who assisted in the development of this handbook. The collaborative spirit demonstrated by all involved in this statewide project can certainly serve as a model for local communities.

Charles H. Marston
Commissioner of Education

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Philosophy

The State Board of Education and the Department of Education believe that parents/guardians are the primary educators of their children and that social institutions such as schools should supplement, not supplant, parents in this role. In our present society, where individuals are surrounded with conflicting messages and values, parents as well as students are in a state of confusion relative to their respective roles. In spite of the pressures created by this societal turmoil, today's parents are no different than their predecessors in wanting to support their children. Schools are in the position to provide valuable assistance to parents as they work to fulfill their supportive role. In return for their efforts in this respect, schools will gain better motivated students with a higher sense of self-esteem.

In order to be an effective instrument, the HIV/AIDS curriculum must be carefully balanced. While encouraging an awareness of the effects of HIV/AIDS, we must not create a fear of intimacy. While developing the knowledge, skills and attitudes necessary to avoid transmission, we must not create irrational fears which may lead to attempts to limit the rights of others. As we attempt to foster self-esteem and empowerment, we must try to decrease denial and a false sense of invulnerability. Increased self-respect must be accompanied by respect for the needs of others. Presentation of information must be not only sufficiently explicit, but also age- and institution-appropriate. In providing the arena for students to actively participate in the development of their own values, we must be careful to ensure that core societal values are not discarded. As we encourage responsible decision-making, we must foster respect for the rights of others to make their own decisions.

In providing the arena for students to actively participate in the development of their own values, we must be careful to ensure that core societal values are not discarded.

Beginning early in the elementary grades, proactive HIV/AIDS education involves creating an age-appropriate foundation and structuring, throughout subsequent grades, a body of knowledge and attitudes which will support our youth in future decision-making. This approach to HIV/AIDS education can be facilitated by convincing educators that imparting this vital knowledge is a task which requires the cooperative efforts of educators from all discipline areas.

The task of AIDS education is a critical yet sensitive one. We cannot afford to fail any of our young people in this respect and our schools will require the full support of their communities to succeed.

Goals for this Handbook

Initial Goals

- Encourage parental involvement and provide parental support relative to sexuality education
- Convince educators and involved community members that HIV/AIDS education is critical and that it will be most effective as an integral part of a comprehensive school health program
- Encourage that HIV/AIDS education be incorporated into the overall educational program as a viable model for the interdisciplinary approach to education
- Assist local school personnel who, responding to the realization that children's educational needs cannot be addressed in isolation from their health needs, assume their role as representatives of the lead agency advocating for our youth and their families

Curriculum Guide Goals

- Ensure that, throughout New Hampshire, there is consistency in the core components of HIV/AIDS education in New Hampshire consistent with those outlined by the Centers for Disease Control
- Guide districts in addressing our students' need to have an awareness of the global impact of this epidemic
- Provide guidance for effective HIV/AIDS instruction that will not merely impart knowledge but which will motivate youth to avoid or change behaviors that could put them at risk for HIV infection

Policy Guide Goals

- Encourage school personnel to set aside time now to proactively and reflectively develop policy and guidelines for servicing the diverse and changing needs of HIV-infected staff and students rather than to respond reactively later
- Increase administrative awareness of the many issues which surround effective community response to individuals dealing with the impact of this epidemic

Resource Guide Goals

- Provide district personnel with information to assist them as they reach out for community support of their educational efforts
- Give district personnel an awareness of the vast store of educational resources which are available as they develop and implement curricula.

Surgeon General's Report On Acquired Immune Deficiency Syndrome

This updated version of former Surgeon General Koop's report presents a model of a rational response to the AIDS epidemic. In revising this 1986 report, we have used italics to indicate updated information as of October 1990. Users of this handbook should call the N.H. AIDS hotline for latest statistics (800-752-AIDS).

This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans—fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS, and the spread of the AIDS virus, is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection, and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life. In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely. This report was written personally by me to provide the necessary understanding of AIDS.

AIDS, and the spread of the AIDS virus, is an international problem.

The vast majority of Americans are against illicit drugs. As a health officer, I am opposed to the use of illicit drugs. As a practicing physician for more than 40 years, I have seen the devastation that follows the use of illicit drugs — addiction, poor health, family disruption, emotional disturbances, and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk. Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is not spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, nonsexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, nonsexual contact. *When Dr. Koop's report was published, he stated:* "Today, those practicing high-risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. *In 1986, Dr. Koop predicted,* "Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future." *While in June 1989 an HIV surveillance report for the State of New Hampshire stated that transmission by male/male contact represented 66% of 113 cases, by July 1990 male/male contact represented 58% of 169 cases. These numbers do not include people who are HIV positive who have not yet been diagnosed as AIDS patients. Disease reporting rules were recently changed (effective October 1, 1990) to require health care providers to report HIV infection without identifiers. (AIDS has been a reportable condition since July 1983).*

We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy. AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred, with 179,000 deaths within the decade since the disease was first recognized. *In February of 1990, CDC established new projections thru 1993 of 390,000 to 480,000 cases.* In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at

a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how. The spread of AIDS can and must be stopped.

AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV" or "HTLV-III" or "LAV." These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes). *(As of August 1990, the medical community refers mainly to the HIV).*

These are different names given to the AIDS virus by the scientific community: HIV (human immunodeficiency virus); HTLV (human T-Lymphotropic virus Type III); and LAV (lymphodenopathy-associated virus) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

It is the responsibility of every citizen to be informed about AIDS, and to exercise the appropriate preventive measures.

No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well, but even so, they are able to infect others. Others may develop a disease that is less serious than AIDS, referred to as AIDS-Related Complex (ARC). *The medical community no longer uses this term.* In some people, the protective immune system may be destroyed by the virus, and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases"—using the opportunity of lowered resistance to infect and destroy. Some of the most common are *pneumocystis carinii pneumonia* and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence

shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

No Signs

AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases.

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

ARC

(NOTE: The terminology "AIDS-Related Complex" is now obsolete.)

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases, and a physician should be consulted.

AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and may be the symptoms of pneumocystis carinii pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop, and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone or with other symptoms mentioned earlier.

AIDS: The Present Situation

As of October 1990, the number of people estimated to be infected with the AIDS virus in the United States is about 1 million. All of these

individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. *Of the projected 1 million people infected with HIV, approximately 10% have AIDS and about 50% more have serious immune dysfunction and are in need of medical intervention.* It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years or more to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States *as of October 1990 is 152,126; of these, 93,775 (62%)* have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease. *Update 1990...There are antiviral drugs available now that can prolong the life of people with HIV.*

The majority of infected antibody-positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.

No Risk from Casual Contact

There is no known risk of nonsexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact, even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses, and other health care givers have been exposed to the AIDS patients' blood, stool, and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact. *It should be noted that the risk of acquiring HIV as a result of a needlestick with known HIV+ blood is 0.4%.*

It is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use

of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease its cause, its nature, and its prevention. Precautions must be taken. The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risks

Knowing the facts about AIDS can prevent the spread of the disease.

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future, AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex between Men

In 1986, Dr. Koop reported: "Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals." *As of July 1990, this percentage had lowered to 58%.* This percentage probably will decline as heterosexual transmission increases. Infection results from a sexual relationship with an infected person.

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, male or female. The more partners you have, the greater the risk of becoming infected with the AIDS virus.

How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina, or penis. Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

Prevention of Sexual Transmission—Know Your Partner

Couples who maintain a mutually faithful monogamous relationship with a partner who is uninfected are protected from AIDS through sexual transmission. If you have been faithful for at least five years *(1990*

information at least 10 years) and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with absolute certainty that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. Absolute certainty means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

AIDS: You Can Protect Yourself from Infection

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you, *or your partner,* have been involved in any of the high-risk sexual activities described above or have injected illicit intravenous drugs into your body *in the last 10 years,* you should have a blood test to see if you have been infected with the AIDS virus.

- If your test is positive or if you engage in high-risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).

- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).

- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.

- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.

- Single teenage girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say NO to sex! They have been taught to say NO to drugs! By saying NO to sex and drugs, they can avoid AIDS which can kill them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.

- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

By saying NO to sex and drugs, they can avoid AIDS which can kill them!

Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent *(July 1990 – 21%)* of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug-related implements, and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements. No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances, and death could follow. However, many drug users are addicted to drugs and, for one reason or another, have not changed their behavior. For these people, the only way not to get AIDS is to use a clean, previously unused needle, syringe, or any other implement necessary for the injection of the drug solution.

Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

Hemophilia

Some persons with hemophilia (a blood-clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Blood Transfusion

Currently all blood donors are initially screened, and blood is not accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become infected with AIDS virus. Fortunately, there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should never donate blood.

Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one-third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus.

Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high-risk group or that you have had sex with someone in a high-risk group such as homosexual and bisexual males, drug abusers, and their sexual partners, see your doctor.

Summary

AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection, and eventual death. Sexual partners of these high-risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

Sexual partners of these high-risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

AIDS: What Is Safe

Most Behavior Is Safe

Everyday living does not present any risk of infection. You cannot get AIDS from casual social contact. Casual social contact should not be confused with casual sexual contact, which is a major cause of the spread of the AIDS virus. Casual social contact such as shaking hands, hugging, social kissing, crying, coughing, or sneezing will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or bathing in hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus). AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation, or any nonsexual contact.

Donating Blood

Donating blood is not risky at all. You cannot get AIDS by donating blood.

Receiving Blood

In the U.S., every blood donor is screened to exclude high-risk persons, and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser, or beautician. AIDS cannot be transmitted nonsexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool, and vomitus which are used for noninfected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds, or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

Children in School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings.

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then, routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care, or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS, and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician, and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

Dogs, cats, and domestic animals are not a source of infection from the AIDS virus.

Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS comes from sexual contacts with infected persons and from the sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.

SURGEON GENERAL

AIDS: What Is Currently Understood

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In *ten* years, we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

Summary

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she, or his/her sexual partner, *has not engaged* in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body *in the last ten years.*

People who engage in high-risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS—for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships, and to avoid injecting illicit drugs.

Look to the Future

The Challenge of the Future

An enormous challenge to public health lies ahead of us, and we would do well to take a look at the future. We must be prepared to manage those things we can predict as well as those we cannot.

At the present time, there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

Information and Education Only Weapon Against AIDS

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care.

It is projected that there will be 43,000 to 52,000 deaths from AIDS in 1991. At this moment (1986), many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

AIDS Will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

The following is a 1990 update of the AIDS crisis beginning with a wide-angle-global perspective and zooming in to focus on the status of the epidemic in New Hampshire.

After analyzing statistics from 174 countries reporting to the Global Programme on AIDS, the World Health Organization (WHO) has increased by two million its previous estimate of the number persons infected with the AIDS virus. The new estimate of 8 to 10 million reflects not only a worsening of the epidemic but also a growing incidence of heterosexual transmission. It is believed that this mode of transmission now accounts for 60% of the infections worldwide.

In Africa, WHO reports that 500,000 children carrying HIV have been born to date. The organization goes on to say that it expects between 25 to 30 million cases worldwide by the end of the century.

The American Association for World Health, in their September 1990 quarterly, reports that "The impact of AIDS on the productive sector of the population—young and middle-aged adults—could easily lead to social, economic, and political destabilitization in those countries hardest hit by the pandemic."

An Associated Press release of September 1990 revealed this startling estimate from WHO ..."In the United States, which has recorded about half the world's known cases of AIDS, one of every 75 men and 700 women has HIV." In response to reports such as these, a panel of experts commissioned

by the National Research Council and funded by the U.S. Public Health Service, has concluded that AIDS prevention classes for teenagers should contain frank information about how to avoid exposure to HIV.

SURGEON GENERAL

The Centers for Disease Control, in their September 1990 HIV/AIDS Surveillance publication, reports 146,746 diagnosed cases to date of which 80,574 have died. While overall the number of male cases (131,777) outnumbers the number of female cases (14,969) by about 9 to 1, in a comparison of those categories under age 25 the ratio is about 3 to 1. This, coupled with information from CDC that females are 14 times as likely to contract HIV from an infected male partner than is the case if the situation were reversed, does not bode well for the adolescent female. Even more alarming, younger females are more apt to contract sexually-transmitted diseases than are older females due to the fact that their still-maturing cervical linings are more susceptible to the organisms causing these diseases. Boston University School of Public Health, in a 1988 survey of Massachusetts teens, found that while 61% were sexually active only 31% of that group stated that they "always used" condoms. In that same year, the Massachusetts Department of Health revealed that since 1985 the number of cases of sexually-transmitted diseases among teenagers had doubled.

The fact that the AIDS epidemic is reaching into rural America is supported by the National Commission on AIDS report which reveals that "Although the epidemic continues to be most severe in urban areas, the number of AIDS cases diagnosed in rural towns across the country has risen by 37% in the last year, seven times faster that the 5% rate of increase in cities of more than 500,000."

The New Hampshire Division of Public Health Services statistics on STD's are no more reassuring. In 1989, 977 of the 2655 reported cases of sexually-transmitted diseases were in the 15 to 19 year age group and 940 were in the 20-24 year age group. During the period from 1984-1988 there were 11,022 non-marital births in New Hampshire.

In the October 1990 New Hampshire Epidemiology Bulletin, the New Hampshire HIV/AIDS Program estimates that there are currently between 1,950-2,475 HIV-infected persons in the state. In the next two years, this number is projected to grow by an additional 1,000 persons. Using the lowest, most conservative estimate of seroprevalence in this state at the end of 1989, approximately one in every 350 citizens between 15-49 years old was already infected with the virus which causes AIDS. Projections for 1990 indicate that today the number may have already increased to one in 250 people in the age group where 85% of all cases occur.

Our efforts to educate our youth relative to drug and alcohol abuse are intense due to our realization that clouded judgment also increases promiscuity. The N.H. Office of Alcohol and Drug Abuse Prevention released information comparing adolescent alcohol use in N.H. with that of the rest of the nation.

Nationally use prior to age 18 is 49%; in NH, this percentage is 66%.
Nationally use prior to age 14 is 14%; in NH, this percentage is 22%.

The open sexual permissiveness of the 1960's and 70's appears to have declined among adults over 30. However, as the statistics reported above demonstrate, this trend is not yet evident among our youth and young adults.

"Although the epidemic continues to be most severe in urban areas, the number of AIDS cases diagnosed in rural towns across the country has risen by 37% in the last year, seven times faster that the 5% rate of increase in cities of more than 500,000."

New Hampshire, though rural, is not isolated from the problems of the rest of the world. Therefore, as we approach the year 2000, it is critical that we develop a rational response to the health and educational needs of our students.

Be Educated—Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials, and your family physician will be able to help you.

Concern about Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state, and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

Special Educational Concerns

There are a number of people, primarily adolescents, *who are not sexually active or have not yet become involved with drugs that* will not heed this message. There are those who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus. *For those young people who are sexually active and who are using drugs, we must develop programs which address their needs to, at best abstain, or to, at least take the precautions necessary to reduce the risk of HIV infection.*

High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high-risk behavior who have been infected with and may be spreading the AIDS virus. Those with high-risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use.

If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. *Call the New Hampshire AIDS hotline (1-800-752-AIDS) for information on where to get the test.*

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS.

Anger and Guilt

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS and how to prevent it.

Confidentiality

Because of the stigma that has been associated with AIDS, many

afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts — as is the practice with other sexually transmitted diseases — those infected with the AIDS virus go underground, out of the mainstream of health care and education. For this reason, current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her health records.

SURGEON GENERAL

There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships.

State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health, joined by others who can speak broadly to issues of access to care, provision of care, and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of state and local task forces should be far reaching and might include the following areas:

- Ensure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus.
- Conduct AIDS education programs for police, fire fighters, correctional institution workers, and emergency medical personnel for dealing with AIDS victims and the public.
- Ensure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal and have policies to ensure the practice of good hygiene.

School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered, such as sex education and education of the handicapped.

Sex Education

Education concerning AIDS must start at the lowest grade possible

as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

AIDS Education at the Work Site

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients before the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community.

Strain on the Health-Care Delivery System

The health care system in many places will be overburdened, as it is now in urban areas, with large numbers of AIDS patients. It is predicted that during 1991, there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time-honored systems but will also have to investigate alternate methods of treatment and alternate sites for care, including home care.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is particularly critical to the minority communities.

Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated, largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact.

Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost-prohibitive. It can be expected that many who test negatively might actually be positive due to recent exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high-risk behavior.

Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment.

Such circumstances should be managed on a case-by-case basis by local authorities.

AIDS Carriers Identified by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population, which is unnecessary, unmanageable, and costly. It would miss those recently infected individuals who would test negatively but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

Community Action Steps

The New Hampshire Department of Education, through its own efforts, realizes how difficult it is to initiate the development and implementation of policy and curriculum relative to the topic of HIV/AIDS or any other sensitive health/prevention issue. We have found the following articles helpful and have included them in the hope that they will offer similar guidance to local educators and community representatives embarking on the task of developing and implementing any aspect of a health curriculum.

Overcoming Barriers to Success in Attracting Parents to AIDS Education

Gain a strong understanding about community mores, demographics, ethnic diversity, and standards of the proposed target audience.

by Alice R. McCarthy, Ph.D.
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Barrier:
Diverse Community Values and Attitudes

Solution:

Form a broadbased community Advisory Committee including: parents, teachers, adolescents, principals, medical and public health experts, clergy, curriculum writers, and special interest groups. Be sure that represented in the group are: key business and industry, civic and political leaders, advocacy organizations, including AIDS information and prevention organizations.

Initiate these steps with the Committee:

- Get a broad consensus from the Advisory Committee regarding the basic premises of the program. WHAT WILL BE TAUGHT? Build support with the MAJORITY of the Committee. Remember: Most parents will want the AIDS education program you are planning. It is important for children and adults to know that AIDS is easy to prevent. We know a great deal about the HIV virus and how it is transmitted. We also know how to prevent its spread.
- Gain a strong understanding about community mores, demographics, ethnic diversity, and standards of the proposed target audience.
- Appoint a writing team comprised of educators, public health professionals and other interested representatives from Advisory Committee.
- Establish instructional and behavioral objectives for program.
- Gather and review print and audio-visual resources. (Reviewers should be wary of dated statistics, overemphasis on risk groups as opposed to risk behaviors, overemphasis on homosexuality

and limited portrayal of Caucasians engaging in high risk behavior.) Review AIDS programs for parents which are already in place and the evaluation data on these programs.

ACTION STEPS

- Write program materials to meet the needs of the community.
- Submit the program, print material and audiovisual materials to Advisory Committee. Be sure to provide opportunity for all to be heard.
- Make revisions based on Advisory Committee recommendations.
- Recruit and train instructors according to planned program. Utilize dynamic professionals and community leaders to deliver program. Trained instructors can deliver an AIDS education program. Care must be taken to teach the presenters the principals of adult education. Note how important both affect and cognition is in this teaching.
- Test your program model by teaching to community leaders (especially church and temple, school board, civic and political activists) supportive of the basic premises decided upon.
- Revise after testing your model.
- Begin program for targeted audience.
- Evaluate and modify program.

Barrier:
Changing Information on AIDS – "Let's Wait Until Facts Are In"

Solution:

Build in a process for continual review of program. Advisory Committees should continue to meet to process feedback and recommend changes. Stress that education is a weapon to keep children and adults from dying.

Build in a process for continual review of program.

Barrier:
Apathy Toward AIDS Epidemic — It's Not Going to Happen Here"

Solution:

Enlist the help of local media. With health and demography experts provide general information to the community using local and state data on AIDS; teen pregnancy; rate of sexually transmitted diseases; illicit drug use; babies born with AIDS. Suggested target audience: women, adolescents, blacks, Hispanics; work force-aged 20-39.

Barrier:
Parents Are Too Busy to Attend

Solution:

- Provide attractive information-giving brochures.
- Utilize key leaders to identify core groups within their constituencies.
- Secure non-threatening environments as settings for program (ie., individual homes, church halls).
- Provide incentives-prizes, dinner before program, child care during program, refreshments.
- AIDS information can be incorporated in parenting programs related to: communication skills, human sexuality, value and decision-making, conflict resolution, moral development, self esteem building.

It also crosses other aspects of health instruction: disease prevention, personal health, mental health, stress management and drug education.

Stress that the program will be sensitive to sexual ethics and standards of parents.

Barrier:
Parents Already Feel Uncomfortable Talking to Their Children about Their Sexuality

Solution:

- Recognize the sensitivity of the issues and help parents understand through program announcements that many other parents feel uncomfortable.
- Stress that the program will be sensitive to sexual ethics and standards of parents.
- Stress that rules governing sexual behavior are considered the purview of the family and the individual.
- Utilize your program to teach professionals in related fields who can incorporate knowledge about AIDS and changing behavior into their classes.

School Boards and Parents: Working Together for AIDS Education

by James R. Oglesby
President, National School Boards Association (NSBA)

Educators, parents and policymakers often worry about whether our children will leave school academically prepared for the future. But today we need to concern ourselves with more. We must also assure that our children learn how to protect themselves from threats to their future health, one of the greatest being the threat of HIV, the virus that causes AIDS.

ACTION STEPS

In 1989 the National School Boards Association (NSBA), through its cooperative agreement with the Centers for Disease Control, conducted a survey of local districts regarding HIV/ AIDS education efforts in public schools. The survey indicated that the level of parent support for HIV/AIDS education was related to the amount of input the parents had in the planning and making of decisions about the curriculum .

In districts with a high level of parent support for HIV/AIDS education, efforts have been made to involve the whole community in planning. In those districts, parent involvement in curriculum planning ranks second only to that of teachers. In districts with low parent support, parent involvement in such planning ranked lower than involvement of teachers and public health officials.

The survey also showed that districts with higher levels of parent support are more likely to have used community advisory committees in their planning; 82 percent of those with high parent support used such committees, compared to 32 percent where support was low.

Where school officials and parents have forged a partnership to provide HIV/AIDS education, parents are more supportive of school efforts.

It seems clear that where school officials and parents have forged a partnership to provide HIV/AIDS education, parents are more supportive of school efforts. Many school boards already do a good job of working with parents to address the multitude of issues facing schools, including HIV/ AIDS education. If your PTA needs to foster or sustain an existing partnership with your school board, here are some ideas that can build support for HIV/AIDS education and minimize potential controversy.

- Recognize the problem. (Get the facts about HIV/AIDS and convince yourself and others that such education is important for young people. For example, you can build a case for HIV/ AIDS education by presenting the facts about teenage pregnancy and sexually transmitted diseases among teens in your community. Sexually- active adolescents who are at risk for pregnancy and sexually-transmitted diseases also are at risk for HIV infection.

- Find out about the nature of the HIV/AIDS epidemic in your community; if people in their 20's have AIDS, it is likely that they were infected with HIV when they were teenagers because it can take 10 years or longer for symptoms to appear. Find out about state requirements to conduct HIV/AIDS education in the schools and what comprises an effective HIV/AIDS prevention education curriculum. Also, talk to school officials to find out what already is being done.

- Sponsor a program for parents that covers the medical, legal and education issues related to HIV/AIDS. Include articles about HIV/AIDS and efforts to educate in your newsletter. Ask school officials for help.

- Encourage parents to talk with their children about HIV/AIDS, while providing materials and training to help them do the job effectively. The National PTA and NSBA are prepared to help you with advice, materials and referrals (see end of article).

- Let your school board know that parents want HIV/AIDS educa-

tion for their children. (This action can be taken independently or through your PTA council or district.) Informal communication can be effective, but your local PTA may want to adopt a resolution calling for effective HIV/ AIDS education in schools. Be sure to speak for the parent community and not just a small group of parent leaders. You can be sure that people who oppose your point of view will let board members know that the PTA is not speaking for them, so seek input from all parents. Advocates for HIV/AIDS education should be prepared to respond to concerns that might be raised by some parents about what will be taught, when it will be taught and who will teach it.

Perhaps the most important message for parents is to remember that school officials and parents need to work together towards a common goal to ensure that the best interest of children are at the center of everything schools do.

- Work with school officials to determine how parents can be involved during program development. One way may be through parent representation on an advisory committee. Suggest to school officials that several parents serve on the committee to ensure that diverse viewpoints are represented. This will facilitate full and frank discussion aimed at reaching a consensus during the planning stages or when a recommendation is before the schoolboard.

- Work with your school board to ensure that certain basic policies are in place that will serve to instill trust and confidence in the school board and administration.

These policies include the following:

- A sound public information program designed to keep parents informed of school policies, programs and activities. Timely and forthright information is an important tool for building mutual trust between the school district and its community.

- Opportunities for community involvement in decisionmaking which ensure that those affected by school policies have a voice in determining them. These opportunities include the use of advisory committees and task forces, setting a time for public comment at school board meetings and the use of public hearings for community comment on specific issues facing the school board.

- Opportunities for complaint about policies, curriculum, instructional materials or personnel to be addressed, so that individual concerns can be reviewed in a timely and orderly manner.

Perhaps the most important message for parents is to remember that school officials and parents need to work together towards a common goal to ensure that the best interest of children are at the center of everything schools do. We may not always agree on the best way to do something, but if we strive for a partnership that is based on trust and communication, we have a much better chance of achieving that goal.

The need to protect our children from HIV infection offers a compelling opportunity for building that kind of partnership.

For more information on the NSBA AIDS education project, contact Brenda Z. Greene, Project Manager, NSBA, 1680 Duke St., Alexandria, VA 22314.

Asking the Right Questions about School Health Programs: A Commentary

by Margaret Dunkle

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The AIDS epidemic and the now-well-documented poor health status of too many of this country's young people are causing educators, health care professionals, and advocates alike to take a renewed look at school health programs. Three critical issues for these programs in the 1990's and beyond are identified and addressed.

Reaching Children and Youth Most at Risk

We know — both from our personal behavior and the mountains of research we read — that prevention is a difficult concept to sell. Most of us preach it, few of us practice it. This foible of the human condition makes the success of the Battle Creek (Mich.) Schools Healthy Lifestyles Program especially commendable. Its success has required a lot of leadership, a lot of energy, and a lot of money. Battle Creek also has one vital other ingredient that makes it easier to promote wellness—a well-educated and relatively high-income population that is used to being in control of their own lives.

The hardest-to-serve groups in Battle Creek, and just about everywhere else, are the children and families who have the least control over their lives—especially low-income and minority children and families. The challenge for people like us—policymakers, researchers, and practitioners—is to find ways to reach these families with the most problems and fewest resources.

Anyone involved with education and health knows that the same children who are at risk of school failure are also at risk of poor health. These young people are more likely to have untreated health problems and to live in a dangerous environment. They are less likely to have good information about health or health insurance. And, not surprisingly, they are also least likely to have the strong sense of self-esteem and self-worth it takes to translate knowledge about health into healthy behavior every day.

The same children who are at risk of school failure are also at risk of poor health . . . and they are also least likely to have the strong sense of self-esteem and self-worth it takes to translate knowledge about health into healthy behavior every day.

To reach these young people most in need, it is we, not they, who must change. What we need to do is to stop blaming them for failing to fit into the structures, forms, and delivery systems we have created. Rather, we need to find ways—in the services and information we offer—to fit into their frame of reference and their way of doing things. Anything less is not enough.

AIDS is one of the most important health issues of the day. And we know that low-income and minority children and youth are at special risk. With all health issues — and especially with AIDS and HIV — we need to specifically target these young people for services and information. What will get to them? How do they see the world? How do they see their needs? (Not "How do we think they should see their needs?") Whom do they trust? Whom do they listen to? And how can we empower them to say "no" when they can—and to be safe when they can't?

This is a difficult political issue, but we must find new paths through the political quagmire so we can provide young people with the information, support, and services they need to be healthy and to avoid HIV infection. Anything less is inexcusable.

Dancing with the Octopus

Speaking of quagmires, one thing we have learned is that when it comes to anything other than reading and 'riting and 'rithmetic, schools clearly cannot do it alone. Health care professionals cannot do it alone. The religious community cannot do it alone. Community organizations cannot do it alone. Political leaders cannot do it alone. And parents cannot do it alone. When talking about AIDS, teenage pregnancy prevention, school health programs, or any issue important for young people today, you must talk about teamwork.

You quickly learn that the old ways of moving do not work, and the chances are good that your feet will be stepped on more than once.

As those who have tried know, orchestrating, choreographing and coordinating full community partnerships is about as easy as "dancing with an octopus." Each agency or organization is a tentacle of the octopus. In dancing with the octopus, you quickly learn that the old ways of moving do not work, and the chances are good that your feet will be stepped on more than once.

If political leaders and administrators are serious about addressing the important problems of children and youth today, they must start rewarding the problem-preventers who effectively choreograph this intricate interagency waltz. What does this mean? It means giving power, promotions, and pay raises to the people who learn to dance with the octopus effectively. And it means just the opposite for those who don't. Without tangible rewards, even the most creative and dedicated person will quickly burn out, tune out, and turn off. Unless each of us learns this new dance, our children, especially those most at risk, are likely to become bureaucratic casualties that will come back to haunt us in the years to come.

Developing Common Definitions of the Issues

A third point is related to the other two — and that is the importance of having a common vision of a problem — whether it is health, crime, AIDS, drugs, or whatever. For diverse groups to come together to solve a problem, they must have a common definition of just what the problem is. Many efforts at collaboration quickly dissolve into fierce turf battles because this necessary first step was overlooked in the rush to move ahead.

Developing this common vision is not as easy as it at first appears. It requires being multilingual and knowing how to translate between Education-Speak, Health-Speak, Social Services-Speak, and all the other languages we use. At the most basic level, it means having a common definition of who is being served. For example, looking at the same high-risk teenager: an educator sees a student, a health care provider sees a patient, a social service worker sees a client, a juvenile justice worker sees a potential runaway, an employment specialist sees a trainee, and a community or religious leader sees the troubled offspring of a personal friend.

All these views are valid and each one alone is too narrow. We must incorporate all the pieces of the child so that we are dealing from the child's frame of reference — not asking that child, who is already in need, to shift into our frame of reference.

Asking the right questions is the first stage in developing effective programs. So, I close with three questions:

- First, how can we meet children and youth at risk on their own terms, rather than unrealistically expect them to meet us on our terms? This includes low-income and minority children, as well as gay and lesbian youth.
- Second, how can we learn to "dance with the octopus" and collaborate effectively with the many agencies and organizations that provide services for children and youth?
- Third, how can we develop a common vision of problems and issues across our communities and professions—so that we can identify and implement solutions that work for all communities and all sectors?

ACTION STEPS

For diverse groups to come together to solve a problem, they must have a common definition of just what the problem is.

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II. Curriculum Guide

Overview

In our philosophy statement, we pointed out our belief that parents are the primary educators of their children. We feel this is particularly true in the area of sexuality education. For this reason, we have included in this section information about two programs which are available to assist local personnel in educating parents about the AIDS epidemic and involving them in the education of their children. These are:

- Cornell University — Model Program for Parent AIDS Education
- Atlanta Center for Counseling and Family Education — Active Parenting Discussion Program

In developing our student outcomes, the AIDS curriculum committee was guided by a combination of their own extensive field experience and two key documents:

- The January 1988 Centers for Disease Control Supplement, *Guidelines for Effective School Health Education to Prevent the Spread of AIDS*
- Wisconsin Department of Public Instruction publication, *Instruction About Acquired Immune Deficiency Syndrome in Wisconsin Schools* (see Appendix E)

We have included excerpts from these documents in order to provide further background information relative to HIV/AIDS education.

Parents are the primary educators of their children. We feel this is particularly true in the area of sexuality education.

The decision to use the format of student outcome/performance indicator is in keeping with the goal of the N.H. State Board of Education which is to focus on student performance as the best indicator of learning. We encourage districts to use the state guidelines as they develop or select their own curriculum.

Finally, we have included the National Coalition of Advocates for Students publication, *Criteria for Evaluating an AIDS Curriculum,* to support districts through the curriculum evaluation process.

As local educators work to initiate or update HIV/AIDS curriculum, they should keep the following in mind:

We have both short-term and long-term goals for HIV/AIDS education in New Hampshire. Currently, responding to evidence that many of our youth are sexually active and realizing that, due to this, they are at risk for HIV-infection, our short-term goals include not only a call for abstinence but also the provision for delivery of transmission-

prevention information. Our long-term goals include emphasis on involving parents in prevention-education efforts and, through an early intervention effort, reaching our young people with the abstinence message before they become sexually active .

By the year 2000, students now in our primary grades will be high-school students. Through strong community/school cooperative efforts and the active involvement of parents, our public schools can promote these long-term goals and assist young people in regaining positive family-centered values.

Cornell University Model Program

(Available for review from the N.H. Department of Education)

Parent AIDS Education Project Talking With Kids About AIDS

Resource person: Jennifer S. Tiffany, R.N., Director AIDS Project Human Services Studies, Cornell University, Martha Van Rensselaer Hall, Ithaca, NY 14853, (607) 255-1942

The first objective ...is to challenge participants to see how AIDS is of concern to them.

The "Talking With Kids About AIDS" program comprises three two-hour sessions. With some adjustment of activities, it can also be presented as one day-long workshop.

Session One: Explaining about AIDS

The first session (of this workshop) concentrates on basic facts about AIDS and HIV infection. It contains activities which clarify how HIV is and is not transmitted.

Because people learn most effectively when the information presented is directly related to their day to day lives, the first objective of the session is to challenge participants to see how AIDS is of concern to them. The session begins with an "AIDS Lifeline" exercise which encourages participants to become aware of the past, current and future impact AIDS has on their lives and on their communities. In addition to building participants' knowledge base regarding AIDS, Session One provides activities that support and develop their roles as teachers of prevention skills to young people. Participants develop a list of the facts they feel young people should learn about AIDS. The "Challenge" presented at the end of the session encourages participants to have an initial conversation with their children regarding AIDS and HIV.

Session Two: Risks and Changes

The second session concentrates on risk reduction. The session begins with feedback on the "Challenge" from the first session in which parents were asked to "Tell your child that you are taking a class on AIDS." Sufficient time for reporting the participants' experiences, feelings and children's reactions is included at the beginning of this session.

Atlanta Center for Counseling and Family Education "Active Parenting" Discussion Program

Resource person: Dr. Michael Popkin, ACTIVE PARENTING, 810 Franklin Court, Suite B, Marietta, Georgia 30067, Tel. no. 1-800-825-0060

These parenting workshops are designed to promote a healthy family environment by helping parents to develop the skills necessary to their role. The program focuses on the parent's role in:

- helping children to deal with their feelings,
- assisting children to develop a sense of responsibility,
- instilling in children the courage to respond to situations using the values they have developed, and
- communicating about such sensitive issues as drugs/alcohol and sexuality.

In discussing his program, Dr. Michael Popkin, the founder and director of Active Parenting and the Atlanta Center for Counseling and Family Education, states, "I have found nothing more encouraging to loving parents than discovering methods that enable them to positively influence their child."

From: CDC Guidelines for Effective School Health Education to Prevent the Spread of AIDS

Purpose of Effective Education about AIDS

Reprinted from the January 28, 1988 Supplement to Morbidity and Mortality Weekly Report *published by the Centers for Disease Control*

Educational programs should assure that young people acquire the knowledge and skills they will need.

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to:

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;

After reporting on the "Challenge," the material presented in this segment examines the specific risks of HIV infection young people face. Exercises are used that allow participants to practice answers to information-seeking questions from young people. These exercises give adults the opportunity to review what they know, to give accurate answers, and to practice using frank, correct sexual terms or drug related language.

The session then moves from the relatively safe information-giving process to examining how people respond to risks and how they might respond to the need for change in their lives. The group will participate in listing what kinds of factors support behavioral change.

The group then learns about and practices specific risk reduction skills, including effective condom use and needle safety.

The "Challenge" presented at the end of the session provides participants with the opportunity to relate concepts about risk, risk reduction and change to their own lives by adding to the AIDS Lifeline developed in the first session. The major point in this session is that we may all be "at risk" and now (or certainly soon) is the time to do a personal and family risk assessment. The participants will be left with the challenge to do a personal and family risk assessment at the end of the session.

Session Three: Talking with Kids About AIDS and HIV

The first activity of this session is a discussion of last week's "Challenge" (a personal and family risk assessment and risk reduction plan) in groups of three. The relatively small size of these groups will provide participants with time and safety to share their concerns and plans if they so choose. The individual work of assessing risk and planning change on a personal and family level will increase participants' perception of the need for developing a specific plan for talking with their children.

The skill building component of this final session focuses on communication. Effective communication strategies are spelled out and explored. Exercises provide participants with practice in using those skills in talking to kids about HIV risk reduction.

Much of session three focuses on the development of a specific plan by each participant for talking with their children about AIDS and HIV risk reduction. These plans are shared with members of the group. The completed plans will assist group members with the closure process as the workshop series ends. Additional community activities related to AIDS in which group members can participate will be discussed.

Post-test and evaluation materials are integrated into a general discussion of future plans around AIDS awareness and HIV risk reduction activities.

loving parents than discovering methods that enable them to positively influence their child."

- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to:

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment; and
- Seeking HIV counseling and testing if HIV infection is suspected.

A single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need.

Content

A single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected. Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Schools should assure that students have opportunities to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

- AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.
- AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

- Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

People who are infected with the AIDS virus live in every state in the United States and most other countries of the world. Infected people live in cities as well as in suburbs, small towns and rural areas.

- Viruses are living organisms too small to be seen by the unaided eye.
- Viruses can be transmitted from an infected person to an uninfected person through various means.
- Some viruses cause diseases among people.
- Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.
- AIDS is caused by a virus that weakens the ability of infected individuals to fight off disease.
- People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally don't get.
- About 1 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.
- People who are infected with the AIDS virus live in every state in the United States and most other countries of the world. Infected people live in cities as well as in suburbs, small towns and rural areas.. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.
- The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.
- A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.
- It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.
- Most infected people who develop symptoms of AIDS only live about two years after their symptoms are diagnosed.

- The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

- The virus that causes AIDS, and other health problems, is called Human Immunodeficiency Virus, or HIV.
- The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.
- Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.
- HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person; b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.
- A small number of doctors, nurses and other medical personnel have been infected when they were directly exposed to infected blood.
- The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of infection; b) persons who have injected illegal drugs; c) persons who have had numerous sexual partners; d) persons who received blood clotting products before 1985; e) sex partners of infected persons or persons at increased risk; f) infants born to infected mothers.
- The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e. semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.
- Although no transmission from deep, open-mouth (i.e. "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.
- In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the

Since 1985 all donated blood has been tested to determine whether it is infected with HIV.

risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

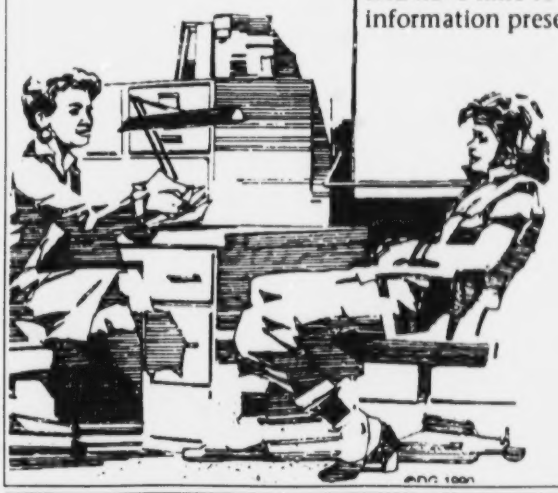
- Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia infection, gonorrhea, herpes, human papillomavirus, and syphilis.

- Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons are not infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons are infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care and counseling about other medical problems that may result from a weakened immunologic system.

It is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.



New Hampshire HIV/AIDS Education Curriculum Guide

Introductory Statement

The New Hampshire State Department of Education and the State Board of Education realize that HIV/AIDS education deals with information which, due to its sensitive nature, is emotionally-charged. Therefore, providing effective AIDS education requires collective reflection of school and community representatives before they embark on this task. As responsible adults, we are torn between our desires to keep childhood as a time of innocence and our awareness that we are fighting what is probably the most severe epidemic since the fifteenth century. Unfortunately, this is only one of the battles we are fighting as we work to guide our youth toward responsible adulthood through an obstacle-laden path.

Against a flood of mixed societal messages, many of which promote promiscuity, violence, and indifference to the needs of others, parents are seeking the support of churches and schools as they advocate for a sane approach to guiding youth. Our ideas of what may be the best approach are based on our own frames of reference and value systems; it is by working together that we can focus the full force of our combined knowledge, experience, and skills on meeting the diverse needs of youth in each community.

As responsible adults, we are torn between our desires to keep childhood as a time of innocence and our awareness that we are fighting what is probably the most severe epidemic since the fifteenth century.

Statistical information indicates that a substantial number of our nation's youth have engaged in sexual activity. While we struggle with the multi-faceted issues which have brought about this situation, we must face the reality that many of our youth, though involved, are lacking the information which will prevent them from becoming infected with AIDS or any one of a number of sexually-transmitted diseases. Our strongest message to all of our youth should be one of abstinence from both sexual intercourse and drug usage for this is the only method which is 100% effective in avoiding infection. Unfortunately, we are dealing with a life and death situation and we are aware that our children do not always hear our messages to drive carefully, to avoid the use of drugs and alcohol, or to refrain from sexual activity. Therefore, abstinence cannot be our only message.

Our children must have sufficient knowledge about the causes and effects of AIDS so that they can make the informed decisions which will protect them from this disease. The way we choose to deliver that knowledge is as critical as the knowledge itself. We need to utilize strategies designed to create long-term behavioral changes. We need to start our messages early and we need to repeat them frequently. Our children's lives and our country's future are at stake.

HIV/AIDS Education Student Outcomes

Grades K-4

AIDS education is most effective when it is integrated within a comprehensive health curriculum.

During their primary school years, students tend to be egocentric, highly competitive, curious, and more apt to absorb information if it is tied to previous experiences. The instructional strategies which best serve their developmental needs are ones which relate concretely to experiences common to most children and which foster the development in each student of the ability to consider the needs and feelings of others. No other discipline area affords educators with the opportunity to utilize these strategies as effectively as the area of health education. For this reason, AIDS education is most effective when it is integrated within a comprehensive health curriculum. In the primary grades, we lay the foundation of AIDS education by working toward the following outcomes.

Student Outcome-1

The student will demonstrate an understanding of personal health concepts.

Performance Indicators

The student will be able to:

1. Explain how each person is unique.
2. Demonstrate knowledge of the basic structures of the human body and their functions.
3. Demonstrate an understanding of some of the basic activities which promote physical health and reduce the risk of disease (i.e., washing hands, brushing teeth).
4. Discuss the relationship between health habits and self-esteem.
5. Cite ways in which people are alike and different in their growth and development and cite the reasons for these differences.
6. Discuss the negative effects on one's self-esteem which can occur when one behaves impulsively or when one follows the lead of others and not his/her own values.

Student Outcome-2

The student's behavior will demonstrate a knowledge of methods which help promote mental and emotional health.

Performance Indicators

The student will be able to:

1. Cite his/her positive qualities to others.

2. Demonstrate an understanding that each behavior has a consequence.

3. Demonstrate that being a friend involves caring about the feelings of others.
4. Describe effects of emotions on the decision-making process.

Student Outcome-3

The student will demonstrate effective decision-making skills as they relate to interactions with family and peers.

Performance Indicators

The student will be able to:

1. Cite means of identifying, and appropriately solving, problems which occur in daily life.
2. Describe how stress (external and internal) affects family and peer relationships.
3. Explain how family membership influences individual behaviors toward issues such as nutrition, use of leisure time, and substance abuse.
4. Describe how fear and prejudice affect people's actions and reactions toward one another.

Student Outcome-4

The student will demonstrate a knowledge and understanding of the concepts of wellness and illness including an awareness of how certain behaviors can influence states of health.

Performance Indicators

The student will be able to:

1. Distinguish between being ill and being well.
2. Cite some choices that can enhance or diminish wellness.
3. Discuss some of the causes of disease, some of the body's defenses against illness, and preventative actions one can take to lessen the risk of disease.
4. Perform a health self-appraisal and identify others who can further assist them in this appraisal process.
5. Explain the beneficial effects of medication, list the proper procedures for use, and discuss who can responsibly administer medications.
6. List foods and other substances (i.e., sugar, alcohol, drugs) which people ingest and explain their effect on wellness.
7. Discuss reasons for not playing with discarded hypodermic needles and avoiding contact with the blood of other persons.

Student Outcome-5

The student will demonstrate a basic understanding of how living things, including humans, are able to reproduce more of their own kind.

Performance Indicators

The student will be able to:

1. Discuss how male and female organisms each produce

specialized cells in order to begin a new living thing.
2. Compare and contrast issues of human reproduction with the reproduction of other animals.
3. Compare and contrast the relationships and responsibilities of human parents to their children as opposed to other animal parents to their offspring.

Student Outcome-6

The student will demonstrate behaviors which indicate an understanding of the seriousness of the AIDS epidemic together with an absence of excessive fear relative to the possibility of infection.

Performance Indicators

The student will be able to:

1. Explain that AIDS is a disease that most often affects adults and rarely affects children.
2. Explain that AIDS is a disease which is hard to contract and that you cannot contract it just from being near or touching someone who has it.
3. Discuss the facts that scientists are working hard to find a way to stop people from getting AIDS and to cure those who have it.
4. Demonstrate the assertive behaviors to be used when receiving unwanted touching.

In addition, by the completion of fourth grade, the student will be able to:

5. Describe some effects of the "AIDS" virus on the body.
6. List persons who can answer their questions about AIDS.
7. Discuss some of the social and economic changes which are occurring in the world due to the impact of the AIDS epidemic.

Understanding the critical link between achievement of educational goals and student well being points out the need to select the best instructional strategies for delivering the content of each lesson and for enhancing each students' sense of well being.

Grades 5-8

It is during these middle school years that students are most vulnerable to the influence of social and emotional factors in their lives. Understanding the critical link between achievement of educational goals and student well being points out the need to select the best instructional strategies for delivering the content of each lesson and for enhancing each students' sense of well being.

Grades 5 and 6

Fifth and sixth graders are moving away from egocentrism; are increasingly sensitive to peer pressure; are seeking an understanding of human relationships; are curious and confused about the changes in their bodies; are attempting to formulate a personal system of values; and are certainly at an appropriate age for emphasizing concepts of self-image, self-esteem, and issues surrounding puberty. All of these concepts, so very relevant to effective HIV/AIDS education, can be delivered in a meaningful way through instructional techniques which address students' needs for an environment in which there is an

opportunity for:

- experiencing a variety of multi-modal learning activities;
- comfortably expressing opinions;
- personal involvement through research or creative writing;
- obtaining information from "experts" (outside speakers).

Student Outcome-1

The student will demonstrate an understanding of the structure and function of the human reproductive system.

Performance Indicators

The student will be able to:

1. Label diagrams of the male and female reproductive systems.
2. Write a brief essay on the functional relationships of component parts of each system.
3. Describe the role of the male and female reproductive systems in the formation of a human embryo.

Student Outcome-2

The student will demonstrate an understanding of prevention and control of disease.

Performance Indicators

The student will be able to:

1. Differentiate between communicable and non-communicable diseases.
2. Explain that communicable diseases have different modes of transmission and thus different levels of contagiousity.
3. Describe the basic factors which promote good health.
4. Describe common negative health practices and their related consequences.
5. Describe how the body's immune system works.
6. Develop an action plan to improve personal health.
7. Discuss how community members could plan to improve the overall health of their community.

Student Outcome-3

The student will demonstrate an increased level of understanding of effects on human physiology caused by the use and abuse of certain substances.

Performance Indicators

The student will be able to:

1. Describe the effects of drug use on physical and emotional well-being.
2. List reasons why people misuse or abuse drugs.

3. Construct effective responses to peer pressure to engage in behaviors which could harm personal health.
4. Explain the relationship between substance abuse and the resulting impairment of the decision-making process.

Student Outcome-4

The student will demonstrate the development of skills instrumental in promoting sound physical, mental, and emotional health.

Performance Indicators

The student will be able to:

1. Demonstrate the ability to generate and choose the best alternative from several possible solutions to a problem.
2. Discuss the effects of peer pressure on behaviors.
3. Demonstrate refusal skills which consider the feelings of others.
4. Describe the many changes associated with puberty.
5. Explain how his/her moral values influence decision-making.

Student Outcome-5

The student will demonstrate the ability to apply personal health promotion/disease prevention concepts to reduce the risk of HIV infection.

Performance Indicators

The student will be able to:

1. Describe the nature of the HIV organism.
2. Discuss how the human immunodeficiency virus (HIV) affects the human body, including the body's immune system.
3. Discuss ways in which HIV is, and is not, transmitted.
4. List the behaviors which put one at risk for HIV infection.
5. Discuss the extent of the HIV/AIDS epidemic in the U.S. to date and extrapolate potential costs to society in terms of human suffering and financial impact.
6. Discuss how a community can respond effectively to the needs of an HIV-infected person.

In the throes of shifting their self-image from self as child to self as adult, seventh and eighth graders are very much in need of a compassionate educational environment which provides the nurturing necessary to assist them in accomplishing this multitude of developmental tasks.

Grades 7 and 8

Seventh and eighth graders are preoccupied with a search for their own identity; are influenced by the strengthened impact of peer pressure; are seeking validation of their own normalcy; are concerned about and experimenting with adolescent love relationships; are in the throes of shifting their self-image from self as child to self as adult; and are very much in need of a compassionate educational environment which provides the nurturing necessary to assist them in accomplishing this multitude of developmental tasks. The implications for educators are to select instructional strategies which offer an opportunity for students to:

- work cooperatively, in small groups, with others in order to develop communication, problem-solving, listening and

consensus-building skills;
- discover interrelationships of ideas and a linking of understandings (interdisciplinary approach and theme-based instruction);
- actively participate in the learning process, thus addressing identity-formation needs (teacher role shifts from lecturer to facilitator).

Student Outcome-1

The student will demonstrate an understanding of the role of human reproduction in the stages of the life cycle.

Performance Indicators

The student will be able to:

1. Review the major changes which occur with puberty.
2. Explain the relationship between the health of the mother and that of the developing embryo.
3. Discuss the influence of sex roles on each of us as individuals and as members of society.
4. Relate why positive feelings about sexuality are integral to well-being.
5. Discuss how the need for love and affection influences behavior.
6. Reach out to parents for guidance in issues of sexuality.
7. Point out the many responsibilities which need to be met before engaging in a sexual relationship.
8. Discuss the range of methods including abstinence for preventing the transmission of sexually-transmitted diseases, and cite statistics on the effectiveness of these methods.
9. List reasons for choosing abstinence at this time in their lives, including the fact that it is the only method which is 100 % effective.
10. Discuss why individuals should have the right to say no to pressures to engage in sexual activity.

Student Outcome-2

The student will demonstrate an understanding of his/her responsibility in preventing disease and enhancing his/her own health.

Performance Indicators

The student will be able to:

1. Construct a list of behavioral risk factors which threaten health.
2. Construct a list of behavioral factors which enhance health.
3. Identify symptoms related to sexually-transmitted diseases.
4. List community resources for obtaining information/treatment of a sexually-transmitted disease.

Student Outcome-3

The student will demonstrate an understanding of the importance of finding constructive ways of dealing with stress.

Performance Indicators

The student will be able to:

1. Explain that each individual is solely responsible for making the decision to use, or not to use, drugs.
2. List the physical, mental, social, and legal consequences of drug abuse.
3. Discuss techniques for managing stress which do not include substance abuse.

Student Outcome-4

The student will demonstrate the ability to make decisions which have positive effects on physical, emotional, and mental health.

Performance Indicators

The student will be able to:

1. Demonstrate the ability to decide in favor of long-term benefits over immediate gratification.
2. Construct a realistic list of personal short and long-term goals.
3. Discuss some personally-possessed standards and values.

Student Outcome-5

The student will demonstrate an understanding that he/she is solely responsible for reducing personal risk of HIV-infection.

Performance Indicators

The student will be able to:

1. Explain why HIV-infected persons don't appear to be sick and don't know they are infected.
2. Explain why an HIV-infected person is most apt to spread the infection before symptoms develop.
3. Relate that the risk of HIV infection is not limited to any specific group of people or any section of the country.
4. Review the behaviors which place people at higher risk for HIV infection.
5. Explain why HIV-infected pregnant women have the potential of passing their infection to their offspring.
6. Discuss his/her personal right to abstain from sexual activity.
7. Demonstrate the refusal skills necessary to assert this right.
8. Identify resources for additional information about AIDS and other sexually-transmitted diseases.

Grades 9-12

Still struggling for independence and a sense of personal identity, sure that they have most of the answers, and filled with a sense of invulnerability, high school students are more apt to accept information from adults with whom they share a mutual trust and respect. Statistics reveal that while 50% are already sexually active, many are sexually uninformed or misinformed and are embarrassed to ask questions. Instructionally, our first task is to gain their trust by providing a non-threatening educational environment in which information is delivered in a clear, explicit, and straightforward manner. A system should be in place which permits students to ask questions while maintaining anonymity.

Optimally, by their high school years, students possess an educational history in which comprehensive health instruction has been systematically interwoven. Nationally, evidence is growing that this is not the case and many states are acting to correct this condition. In New Hampshire, the health graduation requirement of 1/4 credit does not allow sufficient class time to address all of the health-related issues of adolescents. It is important that districts find ways to ensure that students obtain information critical to their personal health. A carefully-planned interdisciplinary approach requires the cooperation of all disciplines but can be easily coordinated by a team of health specialists within each district.

Optimally, by their high school years, students possess an educational history in which comprehensive health instruction has been systematically interwoven. Nationally, evidence is growing that this is not the case.

Student Outcome-1

The student will demonstrate an understanding of the responsibilities associated with a sexual relationship.

Performance Indicators

The student will be able to:

1. Compare a decision-making process with an impulsive "feel-act" response.
2. Discuss some of the external and internal pressures to become sexually active.
3. Describe criteria for making decisions about sexual behavior.
4. Describe the influence of risk-taking behavior on sexual decision-making.
5. Describe the advantages of self-control.
6. Clarify some of the myths which may affect attitudes toward postponing sexual intimacy.
7. Describe a wide range of ways of expressing love other than sexual intercourse.
8. Discuss factors that promote healthy fetal development.
9. Define "sexual assault" and discuss methods for preventing it.

Student Outcome-2

The student will demonstrate increasing independence and responsibility for preventing and controlling disease.

Performance Indicators

The student will be able to:

1. Identify community health-care agencies (such as: drug and alcohol counseling, mental health and family services, sexually-transmitted disease clinics, and HIV-testing sites).
2. Describe procedures for referral to above-listed agencies.
3. Design a personal health-promotion plan which includes listing behaviors needed to prevent disease.

Student Outcome-3

The student will demonstrate an awareness of the multi-faceted impact of drug abuse.

Performance Indicators

The student will be able to:

1. Recognize the relationship between social factors and decision-making relative to drug use.
2. Demonstrate the assertiveness skills which allow for exercising the right to "say no" to alcohol and drugs.
3. Explain the relationship between drug use and risk for HIV-infection.

Student Outcome-4

The student will demonstrate an understanding of the relationship of self-esteem to risk-taking behaviors.

Performance Indicators

The student will be able to:

1. Recognize that social forces and community norms can positively or negatively impact lifestyle decisions.
2. Demonstrate possession of skills which can enhance self-esteem.
3. Relate ways in which current decisions influence future outcomes.
4. Explain the difference between positive and negative risk-taking.
5. Identify common rationalizations for taking negative risks.

Student Outcome-5

The student will demonstrate knowledge regarding HIV/AIDS and HIV infection.

Performance Indicators

The student will be able to:

1. Discuss the history of the AIDS epidemic.

2. Explain why there is a national concern regarding HIV infection both in the general population and in the adolescent population.
3. Review the effect of HIV on the body's immune system and describe symptoms of opportunistic diseases associated with HIV infection.
4. Enumerate all of the ways in which HIV is transmitted.
5. Distinguish between "treatment for" and "cure of" disease.
6. Discuss the purpose and the implications of HIV antibody testing.
7. Explain the need for early treatment efforts for HIV-infected individuals.

Student Outcome-6

The student will demonstrate the development of strategies necessary to avoid HIV infection.

Performance Indicators

The student will be able to:

1. Describe the benefits of choosing abstinence.
2. Distinguish between the high- and low-risk behaviors that can result in the transmission of HIV.
3. Identify ways to reduce the risk of HIV infection, including abstinence, mutually-monogamous relationships, and the use of condoms.
4. Demonstrate communication and refusal skills specific to reducing the risk for HIV-infection (research has confirmed that assertiveness skills are not always transferrable from one situation to another).

Student Outcome-7

With the realization that the HIV/AIDS epidemic will impact on each student's life in one way or another, the student will demonstrate socially-responsible behaviors regarding this epidemic.

Performance Indicators

The student will be able to:

1. Demonstrate an understanding of the dignity, equality, and worth of every individual.
2. Display compassion for HIV-infected individuals and their families.
3. Identify why it is wrong to exploit or force someone into an unwanted sexual experience or to knowingly spread disease.
4. Acknowledge the right of confidentiality for people with AIDS or HIV infection.
5. Explain why it is everyone's task to educate others about HIV.
6. Act as a role model for peers and others in their community relative to the HIV/AIDS epidemic.

Criteria for Evaluating an AIDS Curriculum

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At least 50 percent of all teenagers are sexually active, most will have more than one sexual partner, and some will be experimenting with drugs.

Adolescents and young adults are now a primary risk group for contracting AIDS. At least 50 percent of all teenagers are sexually active, most will have more than one sexual partner, and some will be experimenting with drugs. Regardless of whether adults approve of their behavior, their lives may be at risk. The National Coalition of Advocates for Students concurs with the Surgeon General and with the Centers for Disease Control that public schools should assume a key role in giving young people the information they need to avoid contracting this deadly disease.

Some school systems have begun to respond to this mandate with AIDS education curricula. These curricula take a variety of different approaches and are of uneven quality. The National Coalition of Advocates for Students feels that teaching about AIDS should take place within the context of a more comprehensive health education or family life/sex education course which presents the positive aspects of sexuality as well as its dangers. An AIDS curriculum must be appropriate to the chronological and developmental age of the student as suggested in Attachment A and should be taught in small classroom-size groups.

Curriculum Content

For students in grades six and up, does the curriculum give the simple, clear, and direct information outlined in Attachment B? Is that information given in terms, including slang, that students understand?

- Does the curriculum focus on teaching healthy behaviors and not just on the biomedical aspects of the disease?
- By emphasizing high-risk behaviors rather than high-risk groups, does the curriculum strongly convey the message that anyone can get AIDS regardless of race, sex, age, or sexual orientation?
- Are several class periods provided to give each student multiple opportunities to learn to make decisions based on the information they have learned about AIDS?

Development and Implementation

Does the program provide for adequate [staff] training to teach the curriculum, as outlined in *Attachment C?*

Is the same information made available to limited English proficient students in their own language? Is the information provided appropriately to hearing and visually impaired students and students with severely handicapping conditions?

Is the curriculum updated regularly to incorporate new information as it becomes available?

Has the curriculum been developed with the participation and support of parents, students, and other community groups? Does it facilitate an on-going dialogue with parents on these issues?

Attachment A: Matching Approaches to AIDS Education with Childhood Development

Developmental Characteristics of Students

GRADES K THROUGH 3

Students are likely to be

- egocentric
- developing some independence from parents and gradually orienting toward peers
- able to relate to their own bodies/to be curious about body parts
- highly competitive and capable of unkindness to each other
- able to understand information if it relates to their own experiences

GRADES 4 AND 5

Students are likely to be

- aware of sexual feelings and desires either in themselves or in others and confused about them
- increasingly sensitive to peer pressure
- capable of concern for others
- exploring sex roles
- in different stages of pre-puberty and early puberty and therefore very interested in learning about sex and relationships
- quite comfortable discussing human sexuality
- confused between fact and fancy (between hypothesis and reality)
- able to internalize rules and to know what is right or wrong according to those rules

GRADES 6 THROUGH 9

Students are likely to be

- engaged in a search for identity (including sexual identity); asking "Who am I?" and "Am I normal?"; very centered on self
- concerned about and experimenting with relationships between boys and girls
- confused about the sexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand that behavior has consequences
- very embarrassed to talk about sex as well as to ask questions about sex which might make them appear uninformed

GRADES 10 THROUGH 12

Students are likely to be

- in possession of a stronger sense of personal identity (There remain, however, important exceptions, including those who are confused about their sexual identities.)
- thinking that they "know it all"
- seeking greater independence from parents
- influenced by peer attitudes
- open to information provided by trusted adults
- beginning to think about establishing more permanent relationships
- experiencing an illusion of immortality
- sexually active

Appropriate Approaches to AIDS Education

GRADES K THROUGH 3

The primary goal is to allay children's fears of AIDS and to establish a foundation for more detailed discussion of sexuality and health at 6th grade level.

- Information about AIDS should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.
- AIDS should be defined simply as a very serious disease that some adults get. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have AIDS or with those few children who do have the disease. However, children should be cautioned never to play with hypodermic syringes found on playgrounds or elsewhere, and to avoid contact with other people's blood.
- Questions should be answered directly and simply; responses should be limited to questions asked.
- Teach assertiveness about refusing unwanted touch by others, including family members.

GRADES 4 AND 5

It is appropriate to use the same approach as for grades K-3 with an increased emphasis on:

- acknowledging that bodies have natural sexual feelings
- helping children examine and affirm their own values

Teachers of 4th and 5th graders should:

- begin providing basic information about human sexuality
- be prepared to answer questions about AIDS and AIDS prevention

The primary goal should be to teach students to protect themselves and others from infection with the AIDS virus.

- Students should be given all of the information on Attachment B, *"What Adolescents Should Know About AIDS."*
- AIDS issues should be made as real as possible without overly frightening students.
- The focus should be on healthy behaviors rather than on the biomedical aspects of the disease.
- Students should be helped to examine and affirm their own values and to develop responsible decision making about sex.
- There should be support for a choice of abstinence, without assuming that all students will do so.
- It is important to be honest and to provide information in a straightforward manner.
- Sexual vocabulary should be connected with slang.
- Information about AIDS should be presented in the context of other sexually-transmitted diseases (STDs).
- It is important to be non-threatening and to work to alleviate anxiety.
- Discussion of dating practices can provide opportunities to teach decision-making skills.
- Teachers should be prepared to answer detailed medical questions from students who want more than the minimal information offered on Attachment B.

Attachment B: What Adolescents Should Know about AIDS

The information adolescents need is simple and straightforward. Home and school instruction should emphasize prevention through teaching safe behaviors. While adolescents need only minimal knowledge of the medical aspects of the disease, some may seek a more in-depth understanding of the virus and its manifestations. Teachers and parents should be prepared to answer their questions.

This is what should be appropriately communicated to all adolescents:

Definition of AIDS

A disease triggered by a virus which weakens the immune system so that the infected person catches certain diseases that healthy people can fight off, but that in a person with AIDS are fatal.

Transmission of the AIDS virus

AIDS is transmitted in three main ways:

1. Through infected blood (by sharing IV drug needles or used syringes)

2. Through infected semen and vaginal secretions (by vaginal or anal sexual intercourse or by oral sex)

3. In utero and through breast milk (from an infected mother to her child)

Anyone who in the last 10-12 years has engaged in high risk behaviors or who has a partner who has done so can become infected-regardless of gender, sexual orientation, age, or race.

AIDS is not transmitted by casual contact such as hugging, sneezing, or sharing bathrooms. It is a difficult disease to get.

There is no danger of getting AIDS by donating blood In the past some people became infected with the AIDS virus through receiving blood transfusions. Now, however, all blood donations are screened and tested so that the blood supply is quite safe.

Three Manifestations of Infection

1. Some people who are infected with the virus have no symptoms of disease. Since they look and feel healthy, these people may not know they are infected They can, however, transmit the AIDS virus to others through the three routes of transmission noted above. Many of these carriers will eventually become symptomatic. Most of them will not become sick for three to seven years or more after the onset of infection.

2. Persons who are infected with the AIDS virus may develop a set of specific symptoms related to AIDS but not have one of the diseases used to diagnose an official case of AIDS. They are said to have ARC (AIDS Related Complex). They may be only mildly ill or very sick.

3. Individuals infected with the virus may develop the most serious form of AIDS from which there is now no recovery.

Testing

It is now possible to test blood to determine if a person is a carrier of the AIDS virus. At this time, the Centers for Disease Control and the U.S. Surgeon General do not recommend testing of the general population. However, women who are considering pregnancy and who practice risky behaviors are advised to be tested.

Adolescents Can Prevent AIDS by

- abstaining from sex
- always using condoms (even in combination with other birth control) from beginning to end of all types of intercourse
- not using IV drugs. Those who do should not share needles or syringes. Tattoo needles should also never be shared.

New Hampshire AIDS Hotline

Students should be given a local telephone number to call for additional information. Sources of AIDS information in other languages should also be provided. The New Hampshire AIDS Hotline telephone number is 1-800-752-AIDS.

National AIDS Hotline

1 (800) 342-7514, English and Spanish

Attachment C: Staff Training

Staff training is a must.

- Train teachers, administrators, and all other school personnel.
- Do as much training as possible.
- When feasible, offer the training as a graduate-level course. A one-afternoon inservice training is *not* enough.

Training should:

- help staff examine their own attitudes about sexuality and AIDS
- provide accurate information about AIDS
- provide skills to implement an AIDS curriculum

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III. Policy Development And Implementation Guide

Overview

The New Hampshire Department of Education and the Division of Public Health Services have collaborated to develop this guide for districts which are in the process of updating their policies relative to HIV-infected students and staff. This guide which replaces the state guide, developed jointly by the same agencies in January 1988, can also be used as a reference for administrators and their staff in answering the many questions which may arise relative to issues surrounding HIV-infected students and staff in the schools.

There are so many aspects which must be considered that the joint committee elected to update and adapt an excellent publication from the National Association of State Boards of Education, Someone at School Has AIDS so that it would reflect not only the federal laws but also New Hampshire's state laws and policies.

Our adaptations are included in italics as exhibited by this sentence.

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Which Term to Use: HIV or AIDS?

This guide uses the word "HIV" more often than "AIDS" for the following reasons.

We are accustomed to hearing about AIDS — AIDS policies, people with AIDS, and AIDS education. People also talk about the "AIDS virus," which is HIV (human immunodeficiency virus). Sometimes the words "AIDS" and "HIV" are used as if they have the same meaning. If policymakers understand these words, they will know why researchers urge that we talk about HIV, rather than simply discussing AIDS.

AIDS is a condition that is caused by infection with a virus called HIV. HIV damages the immune system and eventually cripples the body's ability to fight disease. People who are infected with HIV are diagnosed as having AIDS if they develop certain serious diseases or conditions such as Kaposi's sarcoma (a rare cancer), pneumocystis carinii pneumonia, or HIV dementia. Therefore, AIDS is the end stage of HIV infection.

Many people who are infected with HIV will have no symptoms of illness for a long time — sometimes eight years or more.

Many more people *(over one million in the United States)* are infected with HIV than have developed AIDS. In fact, many people who are infected with HIV will have no symptoms of illness for a long time — sometimes eight years or more.

Thus, use of the word "AIDS" can cause confusion. The condition called AIDS cannot be spread from person to person. The virus called HIV can be spread to other people. People who are infected with HIV, even if they have no symptoms of illness and do not have AIDS, can spread HIV to others through sexual intercourse or sharing contaminated needles. Infected mothers can also pass the virus to their infants before or during birth. A few medical workers have been infected by exposure to infected blood. Some people acquired HIV from infected blood transfusions before blood was screened for the virus. *Testing of all blood donations since 1985 has virtually eliminated this problem.*

HIV is not spread through casual contact. It is not spread through shaking hands, a kiss on the cheek, sharing an office or classroom, or through food that is prepared by a person with the infection. HIV is not spread through sneezing, coughing, mosquitoes, contact with pets, donating blood, swimming pools, drinking fountains, public toilet seats, or doorknobs.

In short, HIV is not easily transmitted. It is important that everyone know how HIV is spread and how to avoid it.

Introduction

Is it safe for students and staff members to work and study at school with people who are infected with HIV?

Yes, it is safe.

If this is true, why did we write this long, and sometimes complicated, guide?

If you are like most people, you have been overwhelmed with conflicting information about the "acquired immunodeficiency syndrome," or AIDS. You have many nagging questions. HIV is a new virus, and it causes a devastating disease. There is a great deal of medical, legal, and public health information to help answer your questions about it. But do you have the time to digest it all?

We developed this guide to help state and local policymakers with difficult issues related to HIV and AIDS. Like most people, we were confused by legal and medical terms, and by an avalanche of information. To assist local boards of education with policies, we needed to know accurate answers to questions such as: Who needs to know the identity of a nine year-old student who is infected with HIV but has no symptoms of illness? What about a student who bites? Which federal and state laws protect a teacher with AIDS from discrimination? Which policies are needed to help ensure that everyone at school stays healthy?

These questions need answers from experts in different fields — medicine, law, public health, and education. To inform ourselves, and to give our findings to those who need them, we developed this guide.

For whom was this guide developed?

We developed this guide for state and local policymakers. It will also be useful to anyone who wants to know more about AIDS, HIV, schools, and policies.

How is this guide organized?

This guide is divided into several sections which contains five suggested policy statements on:

- general principles,
- confidentiality,
- testing and counseling,
- evaluating HIV-infected students and staff members,
- infection control.

Each suggested policy is followed by a discussion. We have tried to anticipate questions that readers might ask about our policies. We did not want to duck difficult issues; thus, we also discuss various problems that districts might encounter with these policies.

We have also included sections that discuss pertinent legislation, reporting, policymaking, and crisis management.

Policies must be "homegrown" to be effective. The process of developing a policy, especially when it educates the community, can be as important as the policy itself.

How should this guide be used?

Local districts will use this guide differently. Those who wish to enact or revise policies based on our recommendations should use our suggested policies as a starting point. It is important that they be tailored and refined based on *laws and local* conditions. As stated elsewhere, we strongly believe that policies must be "homegrown" to be effective. The process of developing a policy, especially when it educates the community, can be as important as the policy itself.

We urge, however, that your policies be guided by these facts and principles: that HIV is not transmitted casually, that transmission is not a problem at the school setting, and that individual cases can be handled simply, confidentially, and compassionately.

How does this publication differ from other guidelines and recommendations?

First, our recommendations are based on new information that makes it clear that we need not worry about the transmission of HIV at school. Previously, we needed to be more cautious about the risk posed by children who bite or who lack control of their bodily functions. This concern has not been substantiated by extensive research about HIV. Second, since HIV transmission is not a problem inside schools, we recommend that decisions about infected students and staff members be made in a standard way, which we describe. Third, we have found that the legal, medical, education, and public health information that policymakers need is located in a wide variety of publications. The technical language is often difficult to understand. We have attempted to provide a wide range of information in a single place and have avoided jargon whenever possible.

A last word...

Until now, many people have been fearful that HIV could be transmitted at school. We have enough information to stop worrying about this. What we do need to worry about — and the place to put our energy and concern — is into education. We need to ensure that everyone, especially the young people for whom we are responsible, knows about the ways that HIV is spread and how to protect themselves from infection.

Policy Recommendations

There have been many newspaper stories about school districts that unnecessarily barred students and staff members who are infected with HIV from their classrooms and jobs. The result has been a public relations and legal nightmare for communities, schools, and infected persons and their families. Such incidents show, with painful clarity, what happens when local school officials are uneducated about HIV, lack policies, or are unprepared to deal with community fear. This guide was developed to help prevent such incidents from happening again.

Many school districts have adopted policies in order to prevent such incidents from happening. However, policies alone are insufficient. The greatest impact on a district's response will not be a board-approved policy but a well-planned approach that includes:

1. *education regarding HIV infection, AIDS, and the rationale for the policy;*

2. *development of a clear, rational policy which reflects input from diverse members of the community; and*

3. *periodic re-evaluation of policy—any policy developed regarding HIV must be reviewed and updated on a regular basis.*

The following section presents five suggested policies and related information that *local* districts can use to update their own policies and guidelines. The suggested policies are on:

- general principles
- confidentiality
  HIV testing and counseling, evaluating students and staff members who are infected with HIV
- infection control.

General Principles

Suggested Policy

There shall be no discrimination in employment based on having HIV infection or AIDS.

HIV is not spread by casual, everyday contact. Therefore, barring special circumstances [see comments], students who are infected *or perceived to be infected* with HIV shall attend the school and classroom to which they would be assigned if they were not infected. They are entitled to all rights, privileges, and services accorded to other students. Decisions about any changes in the education program of a student who is infected with HIV shall be made on a case-by-case basis, relying on the best available scientific evidence and medical advice.

There shall be no discrimination in employment based on having HIV infection or AIDS. No school employee shall be terminated, non-renewed, demoted, suspended, transferred, or subjected to adverse action based solely on the fact that he or she is infected with HIV (or is perceived to be infected). School employees who are unable to perform their duties due to illness, such as those related to HIV, shall retain eligibility for all benefits that are provided for other school employees with long-term diseases or disabling conditions.

All schools *should* provide a sanitary environment and establish routines for handling body fluids that are recommended by the Centers for Disease Control. *(See: recommendations for infection control).*

School districts shall administer a program of on-going education about HIV for students, their families, and all school employees, including full-time, part-time, and temporary professional and support staff to ensure that all are informed in a consistent manner about:

- *the nature of HIV infection, including how it is and is not transmitted according to current scientific evidence,*
- *school district policies and procedures related to employees and students with diseases such as HIV infection,*
- *resources within the school district and elsewhere for obtaining additional information or assistance, and*
- *procedures for infection control.*

Extensive research has confirmed that HIV is not spread through casual everyday contact. Therefore, infected persons do not pose a risk to others in the school setting and should be allowed to stay in their classrooms and at their jobs.

For non-English-speaking employees and families, this education shall be provided in their primary language, if feasible. In addition, appropriate job-related training shall be provided to specific employee groups. New personnel *should* be provided with education about HIV and communicable diseases before beginning work.

Comments:

This policy statement is based on the most current information about HIV, the "AIDS virus." Extensive research has confirmed that HIV is not spread through casual everyday contact. Therefore, infected persons do not pose a risk to others in the school setting and should be allowed to stay in their classrooms and at their jobs. Each case should be considered individually, confidentially, and with competent medical advice.

The "special circumstances" mentioned in the second sentence of the policy would include instances in which the person who is infected with HIV has:

- has a serious secondary infection, such as *untreated* tuberculosis, that may be transmitted to others, or
- has a significant health problem that will permanently restrict his or her ability to work or attend class.

The mere fact that school employees are infected with HIV is not a cause for suspending them or terminating their employment. In fact, such actions are prohibited under Section 504 of the Rehabilitation Act of 1973. A school district *should seek to accommodate employees so that they can retain their employment as long as their health problems do not permanently interfere with their ability to work. Employment concerns should be handled following guidelines established for any employee with a long term illness.*

Since HIV is not transmitted through behaviors that are permitted at school, the identity of a student or staff member who is infected with HIV

need not be known. Staff members or students who are infected with HIV or their families may notify the local district but there is no requirement to do so. Prior to disclosure, any individual or family should consult with their physician. The decision regarding disclosure should not be made quickly or without significant thought. If schools are encouraging or urging families, students, or staff members to disclose HIV infection, then a strong policy on confidentiality is essential.

Confidentiality

Suggested Policy

One individual should be designated (the "designee") within a local district to be notified that a student or staff member is infected with HIV. That individual, along with the infected person, his/her personal physician, and a student's parent or guardian, will determine whether further action is medically or educationally warranted at this time. These decisionmakers, if so warranted, will determine whether additional persons need to know that an infected person attends or works within the district. These additional persons should not be told the name of the infected person without the written consent of the infected person and the student's parents/guardians.

No information shall be divulged directly or indirectly to any other individual or groups as a result of meetings or discussions of the primary decisionmakers. If information is to be divulged, written consent must be given by the infected person or student's parent/guardian.

A staff member informed of the identity or presence of an HIV-infected student or staff member may not divulge information about, knowledge of, or the identity of the HIV infected person(s). (Districts should insert appropriate wording about disciplinary procedures, based on existing personnel policy and negotiated personnel agreements. Staff should be advised of the seriousness of confidentiality requirements and that a breach could make them liable to a lawsuit).

If schools are encouraging or urging families, students, or staff members to disclose HIV infection, then a strong policy on confidentiality is essential.

Comments:

Unfortunately in the past, some school officials, upon learning that a student or staff member in their system was infected with HIV, excluded the infected person from the school and then called together a large committee to decide what to do next. The committee *may have discussed* the case in a series of formal meetings with official notetakers, inviting the participation of a number of persons, such as attorneys and other community representatives, who are not suggested as decisionmakers in the preceding policy.

Based on today's knowledge about HIV, these actions are inappropriate. Indeed, they can disrupt the school community and cause needless trauma for infected persons and their families. They can be handled competently and confidentially through *periodic* consultations between the responsible school official *(the designee)*, the infected person's physician, and a *student's parent or guardian.*

A strong policy on confidentiality is essential if schools are to maintain an atmosphere of trust with families, students, and staff members. For this to happen, people who are infected with HIV must

feel certain that their names will not be released, against their wishes, to people who have no need to know. *The decision regarding disclosure should not be made quickly or without significant thought.*

A policy on confidentiality that is strictly enforced will also provide protection to the school district from legal action and from the adverse publicity and community response that is likely to follow. There are serious penalties for violating *New Hampshire state law* and federal laws that protect the confidentiality of health records.

Who needs to know the identity of, or about the presence of, a student or staff member who is infected with HIV?

Since HIV is not transmitted through behaviors that are permitted at school, the identity of a student or staff member who is infected with HIV *should not* be shared. *Any decision to disclose the identity of an individual should be based solely on his/her medical and/or educational needs.* No single set of rules fits all circumstances, but any and all decisions should be made *only* with the infected person or a student's parents' or guardian's *permission.*

Students and their families should consult with the *local school district designee* if they would like to be notified by the school when there are illnesses reported in the school that may threaten the health of the student. If a school is large, or there is no school nurse, the family may wish to notify a principal, teacher, or other staff member. All staff members should know the identity of the official designated to receive this information.

How to handle appropriate consultation with medical professionals

Physicians in New Hampshire cannot discuss or reveal HIV test results without their patient's or their parent's/guardian's approval.

The local school district's designee may need to make decisions in consultation with the infected person's physician, but the physician's role may be difficult. The physician must be assured that school policies adequately protect the confidentiality and rights of infected persons, since physicians *in New Hampshire can not discuss or reveal HIV test results* without their patient's *or their parent's/guardian's* approval (NH RSA 141F:8).

In some cases, the infected person's physician may be unable to help the *local school district's designee* answer all of his or her questions. *If so, consultation with the local or state health departments is recommended.* The local or state health departments do not need to know the identity of the infected person to make a recommendation.

Potential Problems Or Concerns:

Many confidentiality concerns or need-to-know questions that staff may voice can be handled with education about HIV transmission and the rationale for this policy—before there is an infected student or employee at school. The desire of staff members and students to know the identity of infected persons must be weighed against the damage

done when confidentiality is needlessly violated against the wishes and advice of affected persons and their physicians.

It is also essential that staff members understand that *they* will *not* always know which students or staff are *infected with HIV*. The infected persons do not always know. *Staff members should always use correct procedures for handling body fluids, whether they know a person is HIV-infected or not. (See section on Infection Control).*

Because immunizations may cause illness in students with immune deficiencies, *school officials* may learn that a student is infected with HIV when they are asked to approve an immunization waiver. The *officials* should ensure that other school staff do not learn about the infected student by seeing the waiver. The *waiver* should state that the student is "immune compromised" rather than "infected with HIV."

There is no need for school officials to notify the community that someone who is infected with HIV attends or works at a given school. This notification is unnecessary, and it will violate confidentiality.

Testing

Suggested Policy

Mandatory screening for communicable diseases that are not spread by casual, everyday contact, such as HIV infection, shall not be a condition for school entry or attendance, or for employment or continued employment.

Comments:

There is no medical reason for testing students or school staff for evidence of HIV infection. It is important *that information be made available to staff members and students regarding where they can obtain counseling and testing services should they feel that they are at risk.*

Should school officials require an HIV antibody test if they suspect that a student or staff member is infected?

No! School officials should be aware that New Hampshire state law forbids testing for the presence of HIV antibodies without the voluntary informed consent of the individual or parent/guardian if the individual is a minor (See RSA 141-F:5).

School officials should be aware that New Hampshire state law forbids testing for the presence of HIV antibodies without the voluntary informed consent of the individual or parent/guardian if the individual is a minor.

Evaluating HIV-Infected Students/Staff Members

Suggested Policy:

HIV infection is not transmitted casually. Therefore, it is not, in itself, a reason to remove a student or staff member from school *or to alter the educational program or job assignment of the infected person. A designee of a local district, who may be notified that a student or staff*

member is infected with HIV, shall follow a standard procedure in order to plan for the support of that person. (The designee of any school district should be known internally to staff and externally to medical providers servicing the district).

Many local districts in their policies have suggested a team approach for notification and planning. Such a team approach has its merits. However, such an approach may impede disclosure and be convened unnecessarily if the current physical and mental health of the infected student or staff member does not warrant any special adaptations. In any event, infected persons should receive intense counseling prior to decisions to disclose.

Periodic reevaluation of health status and support needs of HIV infected persons should be carried out by the decision makers (refer to Confidentiality). Based upon periodic reevaluations by these decision makers, when deemed necessary, an individually-tailored plan for the student/staff member should be undertaken. If an individually-tailored plan is necessary, it shall have minimal impact on either education or employment. It must be medically, legally, educationally, and ethically sound. Individuals deemed necessary to carry out this tailored plan become part of the decision-making team only as outlined in section on confidentiality.

Other Reasons to Evaluate Classroom Placement or a Job Assignment:

Most people will notify school officials about an HIV infection because they need special accommodation. Districts need to plan for such cases, since they will occur more frequently in the future.

In the future, *local districts* may be asked to approve changes in job or classroom placement not because of fear of HIV transmission, but because the infected person's physician has advised that a significant health problem will permanently prevent that person from doing his or her job or attending school regularly. In fact, most people will notify school officials about an HIV infection because they need special accommodation. Districts need to plan for such cases, since they will occur more frequently in the future. School officials need to be ready to offer information about community resources related to health care, counseling, and other sources of help. Note: Policymakers should be wary of using the word "exclusion" in their HIV policies, since students who are infected with HIV are not excluded from the right to an education, and workers who are infected with HIV are not excluded from the right to employment.

Potential Problems or Concerns:

Although the great majority of cases of HIV infection at school should offer few difficulties, fears about the virus and the short time it has been recognized may raise a number of questions and concerns. Some of these are discussed below.

1. Instances in which additional persons may be asked to help the local school district make a decision about a student or staff member who is infected with HIV

This Guide does not suggest that large review committees be convened to evaluate persons at school who are infected with HIV. Yet, there may be instances in which a local school district may wish to include additional persons—other than the infected person, his or her parent(s)/guardian(s), his or her physician—in the decision making process.

The infected person and [parent(s) or guardian(s)] must approve the notification of any additional persons to be involved in the decision making process. The group of decisionmakers should be small and include only those people who need to be involved.

2. Biting

School officials need not worry about biting as a mode of HIV transmission.

In August, 1985, the Centers for Disease Control (CDC) published guidelines for the education and foster care of children infected with HIV. These guidelines advised caution until more was known about transmission through biting. Today, much more is known. A March, 1988 article by a CDC epidemiologist in the Journal of the American Medical Association discusses the risk of spreading HIV through saliva. It concludes that the risk is "extremely low, if present at all."

While HIV has been found in saliva, it is not found very often. In one study, HIV was found in the saliva of only 1 of 83 infected patients. In on-going research, saliva appears to block HIV from infecting healthy cells. Extensive studies of health care workers and children who have been bitten by persons who are infected with HIV have revealed no evidence of transmission. Despite extensive research, HIV transmission through kissing (exposure to saliva) has never been documented.

In summary, biting is not a concern. Still, scientists will state that HIV transmission through biting is "theoretically possible," and this statement frightens some people. "Theoretically possible" means that an event has never happened and is unlikely to happen, but scientists will not state that it is absolutely impossible. In science, there are no absolutes.

It is not absolutely impossible for a meteor to fall and destroy your school building, but the chances of this happening are so remote that, for all practical purposes, it is not a concern.
But what about the rare case of a student who bites repeatedly and viciously, drawing blood? Such students have serious behavior problems that threaten the safety of others. This behavior cannot be permitted, whether the biters are infected with HIV or not. Their education program should be altered because of their behavior problem, regardless of HIV infection.

3. Contact sports and other school activities

People with health problems should participate in their normal activities whenever possible. Their physicians will help them decide if their health problems will require them to change their work schedule or their activities, including participation in sports.

If a *local school district's designee* is concerned that a person who is infected with HIV will participate in activities such as contact sports, the designee should discuss this with the infected person's physician and a public health official. There is no special reason to worry about transmitting HIV through participation in contact sports, such as

wrestling, if CDC universal precautions are followed with injuries involving blood (see section on Infection Control).

4. Special concerns about the modes of HIV transmission: sexual intercourse and the sharing of contaminated needles at school

Students

Activities that transmit HIV, i.e., sexual intercourse, needle sharing, are prohibited on school grounds by most local district policies and procedures.

Staff Members

School employees have ethical, as well as legal, responsibilities; they are role models for young people.

Staff members who are infected with HIV do not pose a risk in the school setting, since they are prohibited from having sexual relations or engaging in intravenous (I.V.) drug use on school grounds. School employees have ethical, as well as legal, responsibilities; they are role models for young people. Any employee who engages in activities at school that are likely to transmit HIV to students or other staff are subject to discipline pursuant to school district policies.

School districts are encouraged to review their policies to ensure that the above-noted activities are clearly prohibited for both students and staff members.

If the student who violates these rules has disabilities and is provided services under P.L. 94-142, the designee needs to obtain the advice of counsel concerning discipline.

Infection Control

Suggested Policy

School districts shall develop guidelines to prevent the spread of HIV and other bloodborne pathogens in the school setting using the most current Centers for Disease Control's "Guidelines for Prevention of Transmission of HIV and HBV to Health-care and Public Safety Workers." (Note: Although this document is specifically written for the healthcare setting, with common sense and practicality, the information found in it can be adapted for use in the school setting).

All staff shall be provided training on general infection control including the use of universal precautions and handling of body fluids in the school environment. The training shall include a demonstration of procedures and an opportunity for hands on experience to demonstrate proficiency.

The local school district shall determine who is responsible for the effective implementation of these programs and procedures, which shall be developed in collaboration with local or state health agencies.

Comments

The transmission of HIV is not a problem at school. The HIV epidemic has, however, made everyone, healthcare workers and educators included, pay more attention to commonsense infection control standards which should have been in place long before HIV originated. These standards prevent the transmission of not only HIV but a variety of other infectious diseases. This long-overdue improvement provides a healthier, cleaner environment of all, and certainly in the school setting, fosters a better environment for teaching and learning.

How should body fluids be handled to prevent HIV transmission?

There is no evidence that HIV is transmitted through contact with vomit, nasal discharge, saliva, urine, or feces. These body fluids may transmit infections such as hepatitis A, colds, influenza, and cytomegalovirus. It is, therefore, prudent to use commonsense precautions when handling all body fluids of all persons.

Procedures for handling body fluids require common sense and do require extraordinary effort or equipment. Recommended procedures are described in the National Association of School Nurse's *Guidelines for the Handling of Body Fluids in the School Setting* (see General Resources-National Projects, National School Nurses Association). Staff members should not clean up body fluids with bare hands; instead, latex gloves or paper towels should be used. Disinfection of exposed surfaces such as floors and furniture is essential. Cleaning apparatus such as mops should also be disinfected after use.

1. Handwashing

Handwashing is the most important means of interrupting the transmission of infectious diseases from one person to another. Hands should be washed after using the bathroom, before preparing or serving food, before eating or drinking, and after handling items soiled with body fluids or waste such as saliva, urine, stool, blood. Hands and other skin surfaces should be washed immediately if contaminated. If gloves are used, hands should be washed after gloves are removed. When handwashing facilities are available, hands should be washed with warm water and soap. If facilities are not available, a waterless antiseptic handcleaner should be used.

2. Cleaning and decontaminating blood spills

The use of a fresh solution of household bleach (1 part bleach to 10 parts water) is the simplest way to decontaminate blood spills. While wearing gloves, visible material should be removed with disposable towels or other means that will ensure against direct contact with blood. The area should then be decontaminated with a bleach solution or another germicide. Soiled cleaning equipment should be cleaned and decontaminated.

3. Laundry

Although clothing may be contaminated with pathogenic microorganisms, the risk of actual disease transmission is negligible. Normal laundry cycles should be used according to the washer and detergent manufacturers' recommendations.

4. Infective waste

Any blood-soiled disposable materials (e.g., tissues) may be flushed down the toilet. Nonflushable disposable materials should be bagged and disposed of in the same manner that other waste is.

What is the risk that HIV can be transmitted through exposure to blood at school?

Blood is the single most important source of HIV (and Hepatitis B) in the workplace setting. The risk of HIV transmission in the school setting is extremely low. Even in healthcare settings where healthcare workers are routinely exposed to blood, the risk is very low.

Needlestick accidents present the most risk. The risk of infection with HIV following one needle-stick exposure to blood from a patient known to be infected with HIV is approximately 0.4%.

How should bleeding injuries be handled?

Blood is the single most important source of HIV (and Hepatitis B) in the workplace setting. "Universal precautions" should be used when there is any likelihood that a person may come into contact with another person's blood.

"Universal precautions" should be used when there is any likelihood that a person may come into contact with another person's blood. These precautions can, in most instances, be implemented very simply and do not require overcautious, unnecessary procedures. Minor cuts and scrapes that occur in the school setting present no special problem. Students should be encouraged to care for their own minor injuries. Persons who assist in managing bleeding injuries and scrapes should recognize that getting blood on their own unbroken skin does not pose a risk. When there is the likelihood that exposure to blood may occur (i.e., large blood spills involving nosebleeds or serious cuts) it is important to provide a barrier between the caregiver's skin and the injured person. This can be done using latex gloves or a layer of thick paper towels or cloth. (Note: School staff may not be accustomed to using latex gloves and the emphasis on infection control may be alarming to them. Staff should be educated to allay their fears about HIV and emphasis placed on the fact that gloves and universal precautions are recommended to prevent the spread of many diseases, not just HIV).

What if a person is exposed to another person's blood?

An exposure is defined as contact with blood through a percutaneous exposure (e.g., needlestick) or contact with an open wound, nonintact skin, or mucous membrane (e.g., splattering of blood into mouth or eyes). A standard procedure to deal with the medical management of persons exposed to another person's blood should be developed and include the assessment and treatment of the wound, if one is present, the assessment of the exposed person's immune status

for hepatitis B and tetanus, and the assessment of the possibility that an HIV exposure has occurred. (See "Guidelines for Prevention of Transmission of HIV and Hepatitis B Virus to Health-Care and Public Safety Workers"). (Also, see sample HIV protocol and Follow-up of Employee).

What about training?

All employees should receive information on administering basic first aid and handling of body fluids.

Demonstration combined with practice is the best way to teach employees and students how to safely administer first aid in a manner which will prevent the transmission of infectious diseases and how to clean up body fluids.

All staff should be trained, particularly staff members who interact with students on the playground, on the school bus, and in the athletic setting. First aid kits containing the necessary materials to provide care to the injured person and protection to the caregiver should be available in all areas where injuries, accidents, and medical emergencies are likely to occur (e.g., classroom, playground, school bus, gym, athletic field).

All staff should be trained, particularly staff members who interact with students on the playground, on the school bus, and in the athletic setting.

Potential Problems Or Concerns

Procedures for handling body fluids are difficult to enforce. Program planners need to consider how to monitor the way that injuries are treated and body fluids cleaned up. In addition, funding for training and materials must be budgeted. Disposable gloves are not prohibitively expensive, but items such as soap, paper towels, disinfectants, bleach, mops, pails, dust pans, plastic bags, and running water also need to be readily available.

Even when adequate funding exists, some educators consider infection control procedures too costly and time consuming. These educators would rather know the identity of persons who are infected with HIV, so as to exercise special care with just those persons. When these concerns arise, they offer the opportunity to stress that school employees and students bring a variety of diseases to the school setting. Commonsense procedures will help prevent students and employees from transmitting a range of infections to each other, including colds and the flu. This is why it is best to treat all body fluids as if they were infectious.

Medical Equipment and Procedures in the School Setting

Schools accommodate children who have a variety of medical conditions. HIV infection aside, school staff members have been asked to perform complicated medical procedures for students, such as giving injections, cleaning tracheal tubes, and applying catheters. A few students who are not infected with HIV, but who have other health problems, are unable to attend school without special medical equipment, such as respirators. Policymakers need to give careful thought to adequate training if teachers and other school staff members will be asked to assist students with medical procedures or equipment.

HIV PROTOCOL FOR THE FOLLOW-UP OF PERSONS EXPOSED TO ANOTHER PERSON'S BLOOD

SOURCE	INJURED PERSON
I. HIV Positive	A. Counsel regarding the risk of transmission.
A. Test positive for HIV antibody	B. Evaluate serologically for baseline HIV status.
B. Has clinical AIDS	
C. Refused testing	C. If seronegative at baseline:
D. Is unavailable or incompetent to sign a consent form	1. advise to report and seek medical attention for any febrile illness the first 12 weeks after exposure;
	2. retest 6 weeks, 3 months, and 6 months after exposure;
	3. follow US Public Health Service Guidelines to prevent transmission during follow-up until serology is negative 6 months after exposure • delay pregnancy • refrain from donating blood, semen, or organs • use precautions during sexual intercourse
II. HIV Status Unknown Obtain consent and test for HIV antibody	A. Draw serum for HIV antibody baseline from the employee and store in freezer, pending the result of patient's HIV antibody. If the patient's test is positive, follow #I.
III. HIV Negative	A. No testing of the employee is necessary. Discard the serum.

FOLLOW-UP OF EMPLOYEE

Pre-Test Counseling of Employee

Discuss rationale for baseline testing

Discuss other possible HIV exposures and assess previous testing history

Review risk of seroconversion from similar exposures

Discuss measures to prevent transmission during follow-up period, including:

abstinence
not sharing needles
avoid pregnancy
no donation of blood, sperm, organs, etc.

Encourage employee to report any ferbile illness within 12 weeks of exposure

Explain institution's policy on documentation and confidentiality of test results

Employee Known HIV+ or Refuses Testing

Document counseling and refusal

Employee Consents To Testing

Explain institution's policy on documentation and confidentiality of test results

Baseline Positive

Assess reaction and understanding

Refer for medical evaluation and further counseling

Document per institution's policy

Baseline Negative

Retest Schedule
6 weeks
3 months
6 months

Seroconversion

Assess reaction and understanding

Refer for medical evaluation and further counseling

Document per institution's policy

Report to NHDPHS if employee consents

No Seroconversion

Brief review of material covered in pre-test session

Discuss prevention of further exposures

Document per institution's policy

Pertinent Federal Legislation on Discrimination and Protection for the Disabled

Federal Legislation:

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against individuals who have handicaps, including individuals with AIDS and HIV infection, as long as they are "otherwise qualified" for their jobs. Reasonable accommodations must be made for these persons, if necessary to help insure their qualification for a position or services. Students and school staff are not "otherwise qualified" if, even with reasonable accommodation, they cannot do the job for which they are hired; or, if they pose a significant risk of communicating an infectious disease to others and reasonable accommodation would not eliminate that risk. Conflicts about the latter point are resolved by the courts, which base their decisions on the reasonable medical judgments of public health officials.

Policies developed for students and school staff who are infected with HIV are consistent with the provisions of Section 504, P.L. 94-142, and state handicap discrimination laws and special education statutes.

The Education for All Handicapped Children Act (Public Law 94-142) protects the right to a free and appropriate public education for students with disabilities who require special education programs. Students who are covered under this statute must both have disabilities and be in need of special education and related services.

Policymakers should ensure that all policies developed for students and school staff who are infected with HIV are consistent with the provisions of Section 504, P.L. 94-142, and state handicap discrimination laws and special education statutes. Otherwise, federal and state funding may be jeopardized, and the schools will be vulnerable to lawsuits. Policies recommended in this document are consistent with these statutory provisions.

Discussion:

There are four issues to consider:

1. Policymakers should assume that students and school staff members who are infected with HIV are protected against discrimination under Section 504 of the Rehabilitation Act of 1973.

In 1987, the Supreme Court determined that a person with a communicable disease may be considered "disabled" under Section 504. Subsequent federal courts found that Section 504 prohibits discrimination against people who are infected with HIV and people with AIDS. In September of 1988, the U.S. Department of Justice issued a legal opinion stating that people with AIDS and people who are infected with HIV are covered under Section 504. Therefore, if the job of a staff member or the education program of a student is changed simply because that person is infected with HIV, there are grounds for a lawsuit.

An HIV infection does not, by itself, threaten the health of others in casual settings. However, actions can be taken under Section 504 to

guard against contagious diseases that are more easily transmitted and pose a health risk to others. Such decisions should be made in consultation with public health officials, who can determine if a risk exists.

As an example, students who are infected with HIV can be on an athletic team if they are "otherwise qualified" for the team, that is, if their skills and physical condition qualify them to join. HIV infection cannot be the basis for exclusion from the team, unless it can be proven that the student athlete poses a direct health threat to others. If a student who is infected with HIV qualifies for the team, but the coaches are concerned about exposure to blood after an injury, reasonable accommodation might require the coaches and team members to learn and practice approved procedures for handling blood and other body fluids.

2. A student who has disabilities and participates in a special education program, and who subsequently becomes infected with HIV, is covered under P.L. 94-142.

Some students who are infected with HIV participated in a special education program before they became infected. Therefore, their education program has been developed in accordance with P.L. 94-142.

Education officials need to ensure that policies for persons at school who are infected with HIV do not conflict with the provisions of P.L. 94-142. Specifically, only an individualized education program (IEP) team has the legal authority to change a special education student's program, if such an action is necessary. School officials and others who make decisions about persons who are infected with HIV should not usurp the IEP team's responsibility to change a student's program.

If a superintendent becomes aware that a special education student is infected with HIV, the process should be the same as for other persons infected with HIV. The superintendent should discuss the case with the student's parent(s), their physician, and a public health official. If there is no risk to the school community, and therefore no need to change the student's education program, then the IEP team need not consider the case. The superintendent may wish to consult a representative from the special education department to provide continuity and ensure that the IEP team's responsibilities are not being violated.

School officials and others who make decisions about persons who are infected with HIV should not usurp the IEP team's responsibility to change a student's program..

If the special education student does need a change in his or her program, the IEP team must meet. A medical expert might be asked to join the IEP team to help plan the student's program. The IEP team must make special efforts to ensure that the student's confidentiality is not violated needlessly during this process.

3. The health of students who are infected with HIV may deteriorate to the point where they need modifications in their education programs. Changes, when they are necessary, can be made in accordance with P.L. 94-142.

Students who are infected with HIV, and who did not have disabilities before their infection, may eventually need changes in their

school program because of deteriorating health. If they both have disabilities and need a special education program, they will be covered by P.L. 94-142. Also, parents have the right to initiate the procedures that are available under P.L. 94-142 to seek eligibility for a special program.

Students who are infected with HIV should not be placed in special education classes simply because of the infection, particularly if the student has no symptoms of illness.

Two special considerations are connected with this issue. First, there has been confusion about whether infected students who have no disabilities are covered by P.L. 94-142 and should be placed in special education programs. State policies have been unclear on this issue. Students who are infected with HIV should not be placed in special education classes simply because of the infection, particularly if the student has no symptoms of illness. A school system can be sued for violating Section 504 if an infected student is unnecessarily segregated in a special education classroom.

Similarly, students who are infected with HIV may need to alter their classroom schedule from time to time because of illness, but they can also have long periods without illness. They should be treated like other students who have occasional illnesses, unless the parent(s) request otherwise. These students do not need a special education program.

Second, there needs to be a smooth transition from a basic to a special program if the health of an infected student deteriorates to the point where this is necessary. For this to happen, state special education statutes must clearly allow students who are infected with HIV and in poor health to receive special programs and services. State policy-makers should examine their special education statutes, particularly their definition of students who would receive services under the category of "Other Health Impaired." Each state has defined which conditions will be covered under this category, but these definitions were written before anyone knew about HIV. Statutes may be unclear about whether a student who is infected with HIV and needs special education and related services may receive them.

4. A student who already receives special education services may be re-evaluated under P.L. 94-142 if the student may pose a risk of transmitting HIV or other diseases to other people.

If the Evaluation and Placement Team has determined that a special education student with a long-term communicable disease may pose a risk to others, procedures outlined by existing special education laws and standards can be used to determine whether the student's education program is in need of change. This process provides protection for both infected and noninfected persons. Medical experts, such as the student's physician or a public health official, may help the team to ensure that the student receives a free, appropriate education and that the health of others is protected. The team will want to examine the classroom setting and the nature of the risk.

Communicable disease policies for special education students need to be flexible, so that the team can consider questions such as: What kinds of activity would pose a health risk to other students, and how can those be handled best? Is the teacher appropriately trained to handle the situation? Should more information be requested? Do other persons need to join the team?

POLICY GUIDE

State policymakers may need to issue guidelines for local districts on evaluating special education students who have communicable diseases, such as hepatitis B, HIV, or others. States should provide guidance on modifications to the IEP team so that potential risks can be properly evaluated. States should also provide guidance on evaluating the health conditions of special education classrooms.

Section 504 policies and compliance officers already exist in local districts. Districts should ensure that these policies and officers are consulted as communicable disease policies are developed.

Reporting

AIDS has been a reportable condition in New Hampshire since 1983. HIV infection, without identifiers, was made reportable in 1990. What this means is that the physician or other health care provider responsible for medically assessing or diagnosing this person is required by law to report this information to the Division of Public Health Services. However, if it becomes known to the school that these reporting requirements have not been fulfilled, it is the school's responsibility to do so.

What is the responsibility of a school staff member who becomes aware that someone who is infected with HIV works at or attends a school?

Staff members need to understand district policy; liability for breaking confidentiality. Revealing the infection status of a student or staff member in a way that is inconsistent with state and local laws represents a breach of confidentiality and will not aid public health efforts.

Employees should be educated so that they can offer information if they learn that a person who is infected with HIV attends school. They should be well briefed to explain the district's policy and to refer colleagues, a student, or a student's parents to other sources of information and counseling, such as AIDS service agencies, the clergy, or a public health agency.

If parents tell a staff member confidential information about their child's health, the staff member is put in an awkward position. If a district policy requires that communicable diseases be reported to school officials, then the staff member can explain the policy and urge that the parent notify the appropriate person. A better approach is for district policies to urge parents to report student health problems to the appropriate district official, assuring that cases will be handled individually and confidentially. When such policies are enacted, districts need to appoint a responsible official to receive reports. Parents need to know who this person is and how to contact him or her.

If parents tell a staff member confidential information about their child's health, the staff member is put in an awkward position.

If a staff member reports information about a student's health condition to a district official in good faith and in accordance with state laws and district policy, the staff member may not be legally liable for divulging the information. Yet, staff members should be careful, since they can be sued for sharing confidential information with someone who does not need to know it. Effective district policies and programs will do much to minimize fear and misinformation so that persons who are infected with HIV (or their parents) and their personal

physicians will not hesitate to notify school officials about health problems when this notification is medically appropriate.

As with other medical conditions, staff members who are infected with HIV will not routinely inform school officials unless: (1) their physicians advise them that a significant health problem will permanently prevent them from doing their job, (2) their illness requires special accommodation from the school, or (3) they may transmit a disease to others. For many staff members who are infected with HIV, none of the conditions above would apply.

As a school official, sooner or later you will receive the inevitable phone call telling you that a student or staff member is infected with HIV or has AIDS. What you do now will help determine if there is a full-blown crisis or if the situation is handled confidentially, compassionately, and effectively.

It is also important that employees and students know how to handle gossip, founded or unfounded, regarding students or staff members who may be infected with HIV. Employees and students should be able to explain that transmission of HIV is not a problem at school and that the superintendent (or other responsible person) handles cases individually and confidentially. People conveying hearsay (fact or fiction) should not be able to find out whether or not the superintendent has already reviewed the case of a person who is suspected of being infected with HIV.

Getting Your District Ready for a Rational Approach to Students and Staff Who Are Infected with HIV

As a school official, sooner or later you will receive the inevitable phone call telling you that a student or staff member is infected with HIV or has AIDS. What you do now will help determine if there is a full-blown crisis or if the situation is handled confidentially, compassionately, and effectively. The following sections discuss collaborative policy development and planning to handle a potential crisis.

Collaborative Policy Development

The way you develop policies about communicable diseases, such as HIV, and the way you educate others about those policies is critically important. Therefore we suggest that you:

- Develop policies collaboratively with health and education officials and staff members to reflect education, health, and legal requirements;
- Review and revise your policies annually to reflect the latest research from reliable sources about the disease;
- Write policies in clear language so that a wide variety of people, including students, can understand them; and
- Write or review your policies now.
- A good policy-making process includes the following elements, whether the issue is drug education, teen pregnancy prevention, textbook selection, or cases of HIV infection. The ten basic steps are:

Step 1: Gather existing information on state and federal laws and model policies, existing district policies, and the most current scientific and medical information. In states that have collective bargaining agreements, the adoption of the policy may be a subject for bargaining between the school board and the employee union.

Step 2: Identify sources for assistance, including local community experts, and state and national agencies and organizations.

Step 3: Form the committee that will develop the policy. The committee should include:

- A broad range of community representatives who offer diverse perspectives on the issue, for example, the health department, parents, the clergy, hospitals, and the PTA. Try to involve as many constituents and community special interest groups as possible, such as those who work with intravenous drug users, runaways, homeless youth, and the gay community, so that you can obtain a full range of opinions and broad support.

- Medical and legal experts who are knowledgeable about HIV and infectious diseases.

- School representatives, including: administrators, teachers (including representatives of associations and unions), students, clerical workers, building maintenance workers, school nurses, cafeteria workers, bus drivers, support staff, and other employee unions.

Step 4: Educate the committee and hold a study session for the school board about HIV infection and other relevant issues, thereby providing an opportunity for members to share their knowledge, attitudes, and fears. You may want to invite a noncommittee medical or public health expert from, for example, the state health department, to give a presentation and answer questions.

Step 5: Identify the policy issues that must be addressed. Find out which issues are already covered by state and federal law. Then, develop a list of topics that must be addressed. These would include: the procedure for evaluating the job placement/ educational program of infected staff and students, provisions for review and appeal, "universal precautions" and other guidelines for handling body fluids, considerations for special education students, confidentiality, and student and staff education.

Step 6: Prepare a first draft of the policy. Have committee members share this draft with their constituencies, gather opinions, and report back to the full committee.

Step 7: Prepare the final draft of the policy.

Step 8: Present the draft to the school board. Begin the policy adoption process, which may include public hearings.

Step 9: Inform the community about the policy. Hold information sessions for the media and concerned groups such as the PTA.

Step 10: Set guidelines for periodically reviewing and evaluating the policy.

In summary, there are four important points:

A policy development process is an educational process...Though it may seem like re-inventing the wheel, policies must be "homegrown" to be effective.

1. A policy development process is an educational process. The process of making policy, if sound, will reveal soft points where additional work is needed. A good process is creative and can change people's minds.

2. The process of policy making may be as important—or more important—than the policy itself.

3. Though it may seem like re-inventing the wheel, policies must be "homegrown" to be effective. Local districts need to develop their own policies. Even if several districts adopt the same policy, it is essential to the policy's success for communities to make it their own.

4. A policy is only as good as the message that is conveyed to the general public. This means that policymakers must find effective ways of educating the community.

Planning to Manage a Crisis

Even if you have a sound communicable disease policy, a day may arrive when the presence of a student or staff member infected with HIV or diagnosed with AIDS causes some community members to become alarmed. The best way to avoid this situation is to have already developed policies collaboratively and to have educated the community about HIV and the rationale for the policy. Still, since an unexpected crisis may cause considerable damage, policymakers should accompany their policies with an action plan. This plan will outline who will manage a potential crisis and what they will do.

Critical Elements of an Action Plan to Manage a Crisis:

By what it says and what it does, each district must convey its effective management of the situation.

Act with confidence, even if you are in a new situation and are not completely sure what to do. If you do not provide strong management, a vacuum will develop that is likely to be filled by destructive leadership. This can damage all your best efforts in developing a policy and educating the community.

Identify a single, effective spokesperson who can represent the district in a calm, well-informed, and sensitive manner. The spokesperson should be a board member or top school official who receives special preparation for this role. Once a spokesperson is chosen

to handle a crisis, he or she should be the only person speaking publicly on the issue. The school community should know the spokesperson's identity so that they can refer media questions to that person.

Consistency of the message is essential in reassuring the community that the matter is being handled competently. When training spokespersons, use analogies. For example, board members should not discuss child abuse cases with the press. Similarly, the district must protect the confidentiality of a person who is infected with HIV.

Use your connections (for example, with the PTA and the clergy) to reach out to those who may not be typically involved in a crisis, but are leaders in the community, formally or informally.

Make certain that procedures to protect the confidentiality of the infected student or staff member are "airtight." Even if there is some public knowledge about the case, the school district must never disclose the person's identity, location, or even gender. In some cases, people who are infected with HIV have willingly identified themselves, and communities have rallied around that person or their family. But the decision to "go public" must be made by people who are infected with HIV and their families.

Establish and maintain effective working relationships with the media. Educate and brief the media on your policies, especially on confidentiality, so that you will not look defensive in a crisis. Tell them, before the first public case of HIV infection in the schools, what kind of information you can give them and what kind must be keep confidential. Also, examine your policies and procedures regarding the presence of news media personnel inside schools or on school property.

States and communities have had great successes working cooperatively with the media. Consider that many potential crises turn into "non-events" when the crisis is averted. Because they are success stories, they are seldom reported.

Be prepared to deliver intensive in-service and community education programs to the school/community in crisis. Develop a plan for using school and public health officials, as well as community leaders, to reassure concerned parents and the public.

In educating the public, it is best to make no assumptions about how well a school or community member understands the facts about HIV and AIDS, regardless of that person's title or profession. Provide the facts and give everyone a chance to have their questions answered by a medical authority who is knowledgeable about HIV and other infectious diseases.

Recognize the potential minority dimensions of the issue. Respect the needs and interests of minority groups. Beware of condescending language. Some people do not appreciate language that stresses that AIDS education materials need to be "culturally sensitive" to minorities, since such statements can sound insulting. Find people who can deliver education in a way that is understood and trusted by the community members they are addressing. It is important to develop education

In educating the public, it is best to make no assumptions about how well a school or community member understands the facts about HIV and AIDS.

strategies in cooperation with local organizations that are in touch with a community being addressed. Information needs to be appropriately presented. For example, one Spanish version of a brochure will not serve all Hispanic communities, not all of which use the same vocabulary, share the same life experiences, or have the same cultural background.

A superintendent who is facing a potential or real crisis can place a confidential call to the state department of education to discuss the situation and obtain referrals to people in the region who have handled a similar problem.

There is a possibility of "dual bias" on the part of a community; that is, discrimination on the basis of HIV, and discrimination on the basis of color or ethnicity. School districts may have to handle both issues, and this will complicate a potential crisis. It is important to stress that HIV is transmitted by risky behavior, not by "risk groups." Anyone can be infected if they engage in activities that may expose them to HIV.

Identify an expert in conflict resolution, in case one is needed. Policymakers should identify, in advance, potential sources for help with resolving conflicts. Superintendents and administrators who have already resolved AIDS-related conflicts in their communities can be particularly helpful. They can share practical tactics that have helped settle a crisis. A superintendent who is facing a potential or real crisis can place a confidential call to the state department of education to discuss the situation and obtain referrals to people in the region who have handled a similar problem. State departments of education can aid superintendents by keeping a list of people and organizations that can offer assistance. Other resources include the organizations that helped develop this publication, other national and state education associations, the National Council of Churches, and the Community Relations Service at the U.S. Department of Justice. The publication by Jonathan Chace of the Community Relations Service is very helpful. For more information, contact the AIDS education coordinator in your state department of education.

Representatives from state departments of health and education, with advice from a public relations expert, can form a "response team" that is available when communities request it, especially in an immediate crisis. A state team can help a community write policies, educate the public, interact with the media, and resolve conflicts. For a discussion of the role of state teams in regard to students or school staff who are infected with HIV, see the National Association of State Boards of Education's *Effective AIDS Education: A Policymaker's Guide.*

IV. New Hampshire HIV/AIDS Resource Guide

Purpose Statement

This resource section includes listings of pertinent agencies, organizations, and materials. It is included to facilitate the efforts of local districts in developing and implementing their own policy and curriculum. All curriculum materials or subject matter to be presented by outside speakers (even those included in this resource guide) should be reviewed by local health program advisory committees to ensure that they reflect community goals and views relative to AIDS education. When evaluating educational resources, local districts should utilize the Guidelines of the Centers for Disease Control contained in the curriculum section of this guide. While demonstrating excellence in reaching the goals they intend to achieve, many of these resources will not, standing alone, satisfy the requirements for effective AIDS education which are stated in the CDC Guidelines.

In addition to the resources listed here, local school districts have access to an excellent selection of materials through the Keene Resource Center at Keene State College. For a listing of materials available contact Judith Ford or Judith Hildebrandt at (603) 358-2750. For general health education resource materials contact the N.H.Division of Public Health Services' Bureau of Health Promotion at (603) 271-4551.

AIDS Information And Referral Services

National AIDS Hotlines

English Hotline	1-800-342-AIDS
Spanish Hotline	1-800-344-SIDA
Deaf & Hearing Impaired	1-800-AIDS-TTY
Teen AIDS Hotline	1-800-234-TEEN
Latest information on HIV/AIDS Treatment Protocols	1-800-TRIALS-A

New Hampshire Information Hotlines

State of New Hampshire AIDS Hotline (M-F 8:30 a.m.-4:30 p.m.) (recorded messages 24 hours, seven days a week)	(800) 752-AIDS (NH in-state calls only)
State of New Hampshire AIDS Program	(603) 271-4576
NH AIDS Foundation Information Line M-Th 7 p.m.-10 p.m.	(800) 458-AIDS
Latin American Center Hotline M-F 8:30 a.m.-4:30 p.m.	(603) 647-6960 (Spanish & English)
Gay Info Line of NH	(603) 595-2650
Information & Referral of Greater Nashua	(603) 883-9330 (Spanish & English)
Headrest AIDS Information Line (24 hour hotline)	(603) 448-4400 (Spanish & English)
Headrest Teen Hotline	(603) 448-HELP
NH AIDS Foundation	(603) 595-0218
AIDS Response of the Seacoast	(603) 433-5377
AIDS Services for the Monadnock Region	(800) 368-4357 or 352-1999
Monadnock AIDS Project	(603) 357-0979
Samaritans (24 hour suicide prevention hotline)	(603) 644-2525 (Manchester) (603) 357-5505 (Keene)
Help Line (Information & referral statewide)	(800) 852-3388 (800) 852-3311
Depression HELPLINE	(800) 232-3377

New Hampshire HIV Counseling And Testing Sites

LOCATION	ADDRESS	FEE	REGISTRATION TIME
BERLIN	COOS COUNTY FAMILY HEALTH SERVICES 54 Willow Street Berlin, NH 03570 752-2040	$3-$7 a	Alternate WEDNESDAYS 8:30 am–4 pm by appt.
COLEBROOK	COOS COUNTY FAMILY HEALTH 175 Main Street Colebrook, NH 03576 237-8745	$3-7 a	By appointment
CONCORD	CONCORD REGIONAL VISITING NURSE ASSOCIATION 250 Pleasant Street, Box 797 Concord, NH 03301-0797 225-5567	$20 a,b	THURSDAY 2–4 pm walk-in
DOVER	STRAFFORD COUNTY PRENATAL & FAMILY PLANNING PROGRAM Doctor's Park, #2 Dover, NH 03820 749-2346	$20 c	MONDAY–FRIDAY 8:30 am–4:30 pm by appt. TUESDAY 5–6 pm walk-in
FRANKLIN	FRANKLIN FAMILY PLANNING 77 Franklin Street Franklin, NH 03235 934-4905	$5	By appointment
GREENLAND (Portsmouth area)	FEMINIST HEALTH CENTER 599 Portsmouth Avenue P.O. Box 456 Greenland, NH 03840 436-7588	$20 b	MONDAY 5–6 pm walk-in TUESDAY 1–4:30 pm by appt.
HANOVER	HITCHCOCK CLINIC 2 Maynard Street Hanover, NH 03756 646-8840	Free	MONDAY–FRIDAY 8 am–5 pm by appt.
KEENE	HOME HEALTH & COMMUNITY SERVICES 69-L Island Street Keene, NH 03431 (800) 541-4145 352-4309 or 352-2253	$5	MONDAY–FRIDAY 8 am-4:30 pm By appointment. Early evening by special arrangement.
LACONIA	FAMILY PLANNING BELKNAP-MERRIMACK CAP 306 Union Avenue Laconia, NH 03246 524-5453	$5	TUESDAY 5:30-7 pm By appointment

NOTE: No one will be denied service because of inability to pay.

KEY: a = sliding scale available b = free under 18 c = donation asked under 18

LOCATION	ADDRESS	FEE	REGISTRATION TIME
MANCHESTER	MANCHESTER HEALTH DEPARTMENT 795 Elm Street, Third Floor Manchester, NH 03101 624-6467	Free	MONDAY–FRIDAY 9 am–4 pm by appt. MONDAY & WEDNESDAY 5–6:30 pm walk-in.
NASHUA	COMMUNITY HEALTH DEPARTMENT 18 Mulberry Street Nashua, NH 03060 594-3355	$20 b	WEDNESDAY 2–4 pm by appt. THURSDAY 7–8:30 pm walk-in, by appointment.
PLYMOUTH	FAMILY PLANNING BELKNAP/MERRIMACK CAP 190-B, Main Street Plymouth, NH 03264 536-3584	$5	By appointment

NOTE: No one will be denied service because of inability to pay.

KEY: a = sliding scale available b = free under 18 c = donation asked under 18

Community Service Organizations in New Hampshire

AIDS Community Resource Network Of The Upper Valley

P.O. Box 2057
Lebanon, NH 03766
(603) 646-5789 or 448-4872

AIDS Community Resource Network of the Upper Valley (ACoRN) is a community-based group of concerned lay and professional people seeking to provide information and support to individuals and families in the Greater Upper Valley Region of New Hampshire and Vermont with AIDS-related concerns. ACoRN sponsors AIDS support groups, buddies and buddy trainings, an information hotline, an AIDS resource library, and a speakers bureau for professional and community groups.

AIDS Response Of The Seacoast

P.O. Box 3188
Portsmouth, NH 03801
(603) 433-5377

AIDS Response of the Seacoast (ARS) is a nonprofit volunteer organization serving the seacoast region of the state. The organization's objectives are to provide social and support services to persons living with AIDS, as well as to provide limited financial assistance in basic living, medical and pharmacy expenses for individuals in need. ARS also provides education to surrounding communities through a speakers' bureau.

AIDS Services For The Monadnock Region (ASMR)

P.O. Box 1473
Keene, NH 03431
(800) 368-4357 or 352-1999

Monadnock AIDS Action Committee (MACC) is a coalition of local groups working on HIV/AIDS-related issues. MACC sponsors a support group for HIV seropositive individuals, an anonymous counseling and testing site in Keene, and community education programs for schools as well as for professional and business community agencies. Buddy trainings and the formation of an AIDS resource library are planned.

American Red Cross

425 Reservior Avenue
Manchester, NH 03105
Phone: 1-800-262-2660

Local and regional Red Cross Offices' telephone numbers may be located in the telephone directory. (For a listing of AIDS educational materials available from the American Red Cross see separate section of resource guide).

New Hampshire AIDS Foundation

32 Daniel Webster Highway
Harris Pond Office Park, Suite 1904
Merrimack, NH 03054
(603) 595-0218

The New Hampshire AIDS Foundation (NHAF) is a nonprofit volunteer organization providing direct services to persons living with AIDS and to individuals affected by HIV. The foundation, through donations from the private and public sector, provides financial services that include basic needs, medical and pharmacy expenses, and financial counseling. AIDS-related services include client advocacy, buddy support and training, and legal referral services. The Foundation also provides a speakers' bureau for community education.

New Hampshire Family Planning Council

11 South Main Street
Concord, NH 03301
Phone: (603) 224-4394

The N.H. Family Planning Council, through its 10 publicly-funded family planning agencies and its 11 at-large members, provides a statewide system of comprehensive services to over 27,000 people annually. The function of this statewide system is to provide cost-effective reproductive health care as well as educational programs. The Council believes that quality preventative health care is the best way to promote the well-being and stability of New Hampshire individuals and families for now and in the future. The Council seeks to work with other community agencies in order to reach more of the people who are at risk for sexually-transmitted diseases and to reduce the costly social, health and emotional implications for everyone who would be affected by unplanned pregnancies.

Open Hearts

P.O. Box 1113
Salem, NH 03079

Open Hearts, formerly Mothers of AIDS Patients (M.A.P.), is a support group for people whose lives have been touched in some way by AIDS. They provide a safe, caring space where people can feel free to share their feelings about dealing with AIDS. Open Hearts meets the 2nd and 4th Thursdays of each month at the Pleasant Street Methodist Church, 6 Pleasant Street, Salem, NH 03079. Contact by calling the church at (603) 898-2501, Cindy or Debbie at 898-6098, or Gaye at 898-7065.

Positive Action-PLWA Network

P.O. Box 436
Newmarket, NH 03857
659-8442

An organization of People Living With HIV/AIDS in New Hampshire. Positive Action represents these individuals so they can participate with full and equal credibility in helping to shape the perceptions and realities surrounding HIV infection. Positive Action provides a speakers' bureau, a telephone tree for support and political action, and sponsors workshops, retreats, and social functions.

National Organizations

AIDS Action Council

729 8th Street
Washington, DC 20003
(202) 547-3101

The AIDS Action Council represents over 300 community-based organizations. The Council works closely with the federal government in promoting public policy and maintains lobbying efforts for federal legislation concerning AIDS, HIV-infection, and related topics.

AIDS/HIV: The Role Of The School Nurse

National Association of School Nurses, Inc.
Lamplighter Lane
P.O. Box 1300
Scarborough, Maine 04074

American Academy Of Pediatrics

Department of Maternal, Child, and Adolescent Health
Task Force on Pediatric AIDS
141 NW Point Boulevard
Elk Grove, IL 60009-0927
(312) 228-5005

The American Academy of Pediatrics, an organization of 34,000 pediatricians, has a task force on pediatric HIV infection that develops policy statements on AIDS-related subjects.

American Foundation For AIDS Research

40 West 57th Street, Suite 406
New York, NY 10019-4001
(212) 333-3118

The American Foundation for AIDS Research (AmFAR) is a nonprofit organization that supports scientific research and educational programs designed to prevent the spread of AIDS. AmFAR is the leading private-sector agency funding AIDS research. The agency sponsors educational programs and develops materials on current medical therapies for AIDS and HIV infections.

American Institute For Teen AIDS Prevention

P.O. Box 136116
Fort Worth, TX 76136
(817) 237-0230

The American Institute for Teen AIDS Prevention provides educational support and guidance to community organizations, such as schools, churches, and other groups throughout the country, that are developing programs to slow the spread of HIV infection among teenagers. The institute produces and distributes AIDS education materials (brochures, a video and a teaching guide) targeted at junior high and high school youth and conducts inservice training to service providers.

American Red Cross

AIDS Public Education Program
17th and D Streets, NW
Washington, DC 20006
(202) 639-3223

The American Red Cross AIDS Public Education Program provides AIDS-related products and services through the AIDS coordinators of 2,853 local Red Cross Chapters. Each Red Cross chapter distributes brochures on AIDS, and some chapters provide counseling, alternative testing sites, home care, and training. The Red Cross AIDS Presentation Program for Youth includes activities involving students, parents, teachers, school officials, and community leaders. Program materials consist of videos, student workbooks, teaching guides, a brochure for parents, and a video discussion guide. Other Red Cross AIDS prevention programs target workers, minorities, and the international community.

Association For The Advancement Of Health Education

1900 Association Drive
Reston, VA 22091
(703) 476-3437

A professional membership organization, the Association for the Advancement of Health Education (AAHE) represents health educators and health promotion specialists from clinics, community health organizations, and schools. AAHE promotes health education in a variety of settings, including schools, colleges, and community health agencies. Materials on AIDS-related services are also provided, and the association is developing manuals on AIDS for primary and secondary school students and teachers.

Child Welfare League Of America, Inc.

Suite 310, 440 1st Street, NW
Washington, DC 20001
(202) 638-2958

The Child Welfare League of America, Inc., (CWLA) a federation of 535 state and local child welfare agencies, provides publications and other educational materials on AIDS to its members and to other organizations. The publications include Children and AIDS, Attention to AIDS: Responding to the Growing Numbers of Children and Youth with AIDS, and Child Welfare League of America: Report of the CWLA Task Force on Children and HIV Infection.

Community Relations Service

U.S. Department of Justice
Room 309, Custom House
Second and Chestnut Streets
Philadelphia, PA 19106.

The Community Relations Service is a source for information about a number of HIV-related issues, including a special interest in minority communities. For information about the latter issue, contact Frank Tyler at (215) 597-2344.

The Council For Exceptional Children

The Council for Exceptional Children, in cooperation with the Association for the Advancement of Health Education and the U.S. Centers of Disease Control, conducts an HIV education project that focuses on children and youth with handicaps. They have evaluated materials that are available or could be adapted for youth with handicaps. The Council has also published guidelines for evaluating HIV education curricula and materials for special needs populations. For more information, contact Ginger Katz, Department of Professional Development at The Council for Exception Children, 1920 Association Drive, Reston, VA 22091. Phone: (703) 264-9494.

National AIDS Information Clearing House

P.O. Box 6003
Rockville, MD 20850
(301) 762-5111 or (800) 458-5231

The National AIDS Information Clearinghouse is funded by the Centers for Disease Control to maintain and disseminate information and materials to AIDS-related organizations nationwide. The Clearinghouse maintains databases on service resources and various print and audiovisual materials. The Clearinghouse is also a direct source of free, government-approved HIV education materials, including brochures and posters. Staff specialists can answer questions, make referrals, and suggest publications pertaining to HIV. A Spanish-speaking specialist is available, and selected materials are available in Spanish, Chinese, Portuguese, and braille. Contact this clearinghouse for copies of the Surgeon General's Report on AIDS, CDC "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," and other CDC reports.

National AIDS Prevention Institute

P.O. Box 2500
Culpepper, VA 22701
(703) 825-4040

A social service organization aimed at educating the public, especially youths, about AIDS, the National AIDS Prevention Institute is a coalition of people providing educational, informational, and counseling services. These services include youth seminars, workplace programs, video documentaries, public service announcements, and an information resource bank. The institute also produces a monthly newsletter, pamphlets, and curriculum.

National Association For Children With AIDS

P.O. Box 15485
Durham, NC 27704
(919) 477-5288

The National Association for Children With AIDS (NACA) raises money for research, for support to children with AIDS and their families, and for educating the public about HIV/AIDS. Services include medical, transportation, intermediate housing, and emotional support for people with AIDS and their families.

National Education Association

Health Information Network
Suite 200, 100 Colony Square
Atlanta, GA 30361
(404) 875-8819

The National Education Association (NEA), the largest U.S. organization of educators, sponsors the Health Information Network, a cooperative effort to provide AIDS information to teachers and other school personnel. Based in Atlanta, the network comprises the U.S. Public Health Service, the National Association of School Nurses, the American Academy of Pediatrics, and Merrell Dow Pharmaceuticals. It distributes AIDS information to educators nationally. The network also works to build partnerships through special pilot programs, including efforts in Minnesota, New Jersey, and Maryland. Certain services are available in Spanish.

BEST COPY AVAILABLE

Educational Materials

Abstinence Materials

Is There Real, "Safe Sex": For Teens and Adults. Spokane, WA: Teen-Aid, Inc., 1986 . For more information contact: Teen-Aid, Inc., N. 1330 Calispel, Spokane, WA 99201, (509) 328-2080. Local contact: Eleanor Campbell, TEEN-AID, P.O. Box 246, Plainfield, NH 03781.

Teen-Aid: Caring About Teens and Their Future. Spokane, WA: Teen-Aid, Inc., 1986. For more information contact: Teen-Aid, Inc., N. 1330 Calispel, Spokane, WA 99201-2320, (509) 466-8679. Local contact: Eleanor Campbell, TEEN-AID, P.O. Box 246, Plainfield, NH 03781.

What's New With Teen-Aid? Teen-Aid, Inc. Spokane, WA: Teen-Aid, Inc., 1986. For more information contact: Teen-Aid, Inc., N. 1330 Calispel, Spokane, WA 99201, (509) 328-2080. Local contact: Eleanor Campbell, TEEN-AID, P.O. Box 246, Plainfield, NH 03781.

Sex Respect, The Option of True Sexual Freedom: A Public Health Guide for Parents, by Coleen Kelly Mast. Washington, D.C.: Office of Adolescent Pregnancy Programs, U.S. Department of Health & Human Services, 1986. Printed by Project Respect, A Project on the Status of Women, Box 97, Golf, IL 60029.

Sexuality, Commitment & Family: Senior High Curriculum. Spokane, WA: Teen-Aid, Inc., 1989. For more information contact: Teen-Aid, Inc., N. 1330 Calispel, Spokane, WA 99201, (509) 328-2080. Local contact: Eleanor Campbell, TEEN-AID, P.O. Box 246, Plainfield, NH 03781

Me, My World, My Future: Junior High Curriculum. Spokane, WA: Teen-Aid, Inc., 1989. For more information contact: Teen-Aid, Inc., N. 1330 Calispel, Spokane, WA 99201, (509) 328-2080. Local contact: Eleanor Campbell, TEEN-AID, P.O. 246, Plainfield, NH 03781

A Parent's Guide: Teaching Responsible Sexual Behavior. Spokane, WA: Teen-Aid, Inc., 1989. For more information contact: Teen-AID, Inc., N. 1330 Calispel, Spokane, WA 99201, (509) 328-2080. Local contact: Eleanor Campbell, TEEN-AID, P.O. 246, Plainfield, NH 03781

Families, Decision-Making & Human Development: An Interdisciplinary Resource Guide for Teaching Decision-Making. Developed by Concerned Women for America. Lewisville, TX: Pneuma Press, 1990.

Sex? Let's Wait. ETR Associates/Network Publications. Santa Cruz, CA: ETR Associates/Network Publications, 1990. Available from: ETR Associates/Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407.

Abstinence ABCs. ETR Associates/Network Publications. Santa Cruz, CA: ETR Associates/Network Publications, 1990. Available from: ETR Associates/Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407.

American Red Cross AIDS Educational Materials

Building Blocks: An AIDS Curriculum for Early Elementary Educators. Building Blocks is designed to provide children in kindergarten through third grade with a foundation of information that will enable them to respond to the AIDS epidemic safely and appropriately. Teacher's Guide $5.50; AIDS Be Aware Coloring Book 40 cents.

Aunt Rita's Patient: A Story About AIDS. Aunt Rita's Patient is designed to provide children in fourth to sixth grade with the information they need to respond to the AIDS epidemic safely and appropriately. The student workbook follows a storyline about two children learning about AIDS and includes exercises and activities. Teacher's Guide $3.50; Student Workbook $1.25.

AIDS Prevention Program for Youth. The AIDS Prevention Program for Youth provides junior and senior high school youth with the information they need to know to choose behavior patterns that will reduce their risk of contracting the AIDS virus. The program consists of a video, *A Letter From Brian* (30 minutes), a student workbook, a teacher's guide, and a parent brochure. The video portrays the efforts of high school students as they deal with their fears and lack of knowledge about AIDS. The written material facilitates discussion, applying new knowledge, and practicing prevention skills. Supplemental components include a video, *Answers About AIDS* (15 minutes), showing a frank, objective discussion of the AIDS epidemic by Dr. Koop with a group of high school students; and a video, *Don't Forget Sherrie* (30 minutes), targeted at black and urban youth.
A Letter From Brian video $19.95, Student Workbook 0.75, Teacher's Guide 1.25;
Don't Forget Sherrie video $19.95;*Answers About AIDS* video $20.50;
Parent Brochure, free.

Beyond Fear. Beyond Fear is designed for adult audiences. Robert Vaughn, narrator of the film, takes the viewer through a history of the disease, an overview of the medical community's fight against AIDS, how AIDS is transmitted, and the impact of AIDS on our schools, the workplace, and our nation. *Beyond Fear* video $20.50.

What Is AIDS? (video available for loan). Seriously and sensitively, students are taught how AIDS can enter the body and create an environment where germs flourish. Preventive measures are not described to this age group. However, in general terms, sex and the use of needles are mentioned as ways to contract the disease. Suggested for Grades 4, 5, and 6. American Red Cross AIDS brochures, free.

HIV Infection and AIDS
School Systems and AIDS
Children, Parents, and AIDS
Your Job and AIDS: Are There Risks?
Women, Sex, and AIDS
Men, Sex, and AIDS
Drugs, Sex, and AIDS
Teenagers and AIDS
HIV Infection and Workers In Health Care Settings

Emergency and Public Safety Workers and HIV/AID: A Duty To Respond
Living With AIDS
La Infeccion Por HIV Y El SIDA (Spanish)
A Guide To Home Care for the Person with AIDS

The materials listed above are available from American Red Cross Blood Services, 425 Reservior Avenue, Manchester, NH 03105, Phone: 1-800-262-2660.

General Resources

State And Federal Publications:

AIDS: Unit of Instruction—Grades 7-12. Alabama Department of Education, Montgomery, AL: 1987. Alabama Department of Education, State Office Building, Room 483, Montgomery, AL 36130.

AIDS: Accommodations for Special Education Students—Grades 7-12. Alabama Department of Education, Montgomery, AL: 1987. Alabama Department of Education, State Office Building, Room 483, Montgomery, AL 36130.

HIV/AIDS Prevention Education. San Diego, CA: San Diego County Office of Education, 1988. Address for orders: 6401 Linda Vista Road, Graphics, #212, San Diego, CA 92111-7399, (619) 292-3724

"Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers," Morbidity and Mortality Weekly Report, Supplement 38, (June 23, 1989). Single copies of this article are available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, Maryland 20850. Phone: (301) 762-5111. Orders for bulk quantities of this publication can be placed through the Clearinghouse's toll-free telephone line: (800) 458-5231.

"Guidelines for Effective School Health Education to Prevent the Spread of AIDS," Morbidity and Mortality Weekly Report, Supplement 37, (January 29, 1988). Single copies of this article are available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, Maryland 20850. Phone: (301) 762-5111. Orders for bulk quantities of this publication can be placed through the Clearinghouse's toll-free telephone line: (800) 458-5231.

"Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings," Morbidity and Mortality Weekly Report, Supplement 37, (June 24, 1988). Single copies of this article are available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, Maryland 20850. Phone: (301) 762-5111. Orders for bulk quantities of this publication can be placed through the Clearinghouse's toll-free telephone line: (800) 458-5231.

"Education and Foster Care of Children Infected with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus," Morbidity and Mortality Weekly Report, Supplement 35, (August 30, 1985). Single copies of this article are available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, Maryland 20850. Phone: (301) 762-5111. Orders for bulk quantities of this publication can be placed through the Clearinghouse's toll-free telephone line: (800) 458-5231.

Your Choice About AIDS. Denver, CO: Colorado Department of Health, STD/AIDS Control Section, 1988. Address for orders: 4210 E. 11th Avenue, Denver, CO 80220, (303) 331-8320.

The Michigan Model for Comprehensive School Health Education, K-6: AIDS Education Supplement [or] Model Communicable Disease Control Policy with Considerations when Developing District Communicable Disease Control Policy and Position Paper on Dealing with School-Age Children and School Staff who have Contracted AIDS. Lansing, MI: Michigan State Department of Education. Address for orders: School Program Services, P.O. Box 30008, Lansing, Michigan 48909.

Preventing AIDS Through Education. St. Paul, MN: Minnesota Department of Education, 1988. Available from Minnesota Department of Education, Division of Development and Partnership, Learner Support Systems, AIDS Issues & Education Unit, 500 Cedar St., St Paul, MN 55101

AIDS References & Resources. "Materials for Education: Resources for Elementary Learners"; "Materials for Education: Resources for Parents". St. Paul, MN: Minnesota Department of Education, 1988. Available from Minnesota Department of Education, Division of Development and Partnership, Learner Support Systems, AIDS Issues & Education Unit, 500 Cedar St., St Paul, MN 55101.

A Resource for Inservice Education On Acquired Immune Deficiency Syndrome & Educational Implications. St. Paul, MN: Minnesota Department of Education, 1988. Available from Minnesota Department of Education, Division of Development and Partnership, Learner Support Systems, AIDS Issues & Education Unit, 500 Cedar St., St Paul, MN 55101.

Responding With Support: An Individualized Health Plan for a Student with AIDS Virus Infection. St. Paul, MN: Minnesota Department of Education, 1988. Available from Minnesota Department of Education, Division of Development and Partnership, Learner Support Systems, AIDS Issues & Education Unit, 500 Cedar St., St Paul, MN 55101.

AIDS: A Resource Guide, Upper Elementary AIDS Curriculum, AIDS: A Resource Guide, Middle School-Junior High Curriculum, and AIDS: A Resource Guide, Senior High AIDS Curriculum. Lincoln, NE: Nebraska Department of Education & Nebraska Department of Health. Available from Nebraska Department of Education, Curriculum Services, 301 Centennial Mall South, Lincoln, NE 68509, (402) 471-2446; or Nebraska Department of Health, Disease Control, 301 Centennial Mall South, Lincoln, NE 68509, (402) 471-2937.

Health Education Curriculum Supplement for Middle Level Schools. Raleigh, NC: North Carolina Department of Public Instruction, 1987. North Carolina Department of Public Instruction, Division of Healthful Living, Education Building, Raleigh, NC 27602, (919) 733-3906.

Curriculum Development Package: Education for the Prevention of AIDS. Columbus, Ohio: Ohio Department of Education in Cooperation with the Division of Communicable Diseases and the Division of Health Promotion and Education, within the Bureau of Preventive Medicine, at the Ohio Department of Health, 1988. For more information contact Kitty Stofsick, Consultant, AIDS Education, Division of Elementary & Secondary Education, Ohio Department of Education, (614) 466-2211 or AIDS Unit, Division of Communicable Diseases, Ohio Department of Health, (614) 466-5480.

AIDS: The Preventable Epidemic, A Curriculum Guide Grades K-12. Portland, OR: Oregon Health Division, 1987. Oregon Health Division, HIV Education Program, P.O. Box 231, Portland, OR 97207. (503) 229-5792.

Instruction About Acquired Immune Deficiency Syndrome In Wisconsin Schools. Madison, WI: Wisconsin Department of Public Instruction, 1987. Order from Publication Sales, Wisconsin Department of Public Instruction, 125 South Webster Street, P.O. Box 7841, Madison, WI 53707-7841, (608) 266-2188.

AIDS and the Education of Our Children: A Guide for Parents and Teachers. Washington, D.C.: U.S. Government Printing Office, 1988. To obtain individual copies free of charge write to: Consumer Information Center, Dept. ED, Pueblo, CO 81009.

National Projects:

HIV/AIDS Education Project. Washington, DC: American Federation of Teachers, 1990. Information available from Constance T. Cordovilla, HIV/AIDS Education Project, American Federation of Teachers, 555 New Jersey Avenue, N.W., Washington, DC 20001, 1-800-238-1133, ext. 4490

CHEF Book Catalog. Seattle, WA: Comprehensive Health Education Foundation, 1990. Available from Comprehensive Health Education Foundation, 22323 Pacific Highway South, Seattle, WA 98189, 206-824-2907 or 1-800-323-CHEF.

Video Catalog. Seattle, WA: Comprehensive Health Education Foundation, 1990. Available from Comprehensive Health Education Foundation, 22323 Pacific Highway South, Seattle, WA 98189, 206-824-2907 or 1-800-323-CHEF.

Here's Looking At AIDS And You. Seattle, WA: Comprehensive Health Education Foundation, 1990. Available from Comprehensive Health Education Foundation, 22323 Pacific Highway South, Seattle, WA 98189, 206-824-2907 or 1-800-323-CHEF.

Preventing AIDS: A Curriculum for Middle School and A Curriculum for Junior/Senior High School Students. Newton, MA: Educational Development Center, Inc. Available from Education Development Center, Inc., 55 Chapel Street, Newton, MA 02160. 800-225-4276 or (617) 969-7100.

Integrating AIDS Into Teenage Health Modules. Newton, MA: Educational Development Center, Inc. Available from Educational Development Center, Inc., 55 Chapel Street, Newton, MA 02160. 800-225-4276 or (617) 969-7100.

Dealing With AIDS: Breaking the Chain of Infection, A Guide for Developing an AIDS Education Program by Katherine E. Keough. Arlington, VA: American Association of School Administrators, 1988. American Association of School Administrators, 1801 North Moore Street, Arlington, VA 22209-9988, (703) 528-0700.

Free Loan Catalog: Videos/16MM Films Appropriate for College Classes and Adult Groups. St. Petersburg, FL: Modern Talking Picture Services, 1990. Obtain from Modern Talking Picture Services, 5000 Park Street North, St. Petersburg, FL 33709-9989, 1-800-243-MTPS, FAX # 1-813-546-0681.

Effective AIDS Education: A Policymaker's Guide. Alexandria, VA: National Association of State Boards of Education, July 1988. $7.00, prepaid. Inquiries about bulk rates are encouraged. To order, write to the Association at: 1012 Cameron Street, Alexandria, VA 22314. Phone: (703) 684-4000.

The NASBE HIV/AIDS Education Survey: Profiles of State Policy Actions. Alexandria, VA: National Association of State Boards of Education, August, 1989. $7.00, prepaid. To order, write to the Association at: 1012 Cameron Street, Alexandria, VA 22314. Phone: (703) 684-4000.

AIDS and Urban America: A Policymaker's Guide. Alexandria, VA: National Association of State Boards of Education, September, 1989. To order, write to the Association at: 1012 Cameron Street, Alexandria, VA 22314. Phone: (703) 684-4000.

Growing Healthy: AIDS Integration Grades K-7. New York, N.Y.: NCHE Press, 1989. Available from National Center for Health Education, 30 East 29th Street, New York, NY 10016

Steps To Help Your School Set Up An AIDS Education Program. Boston, M.A.: National Coalition of Advocates for Students, 1988. Available from National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116-4610, (617) 357-8507

Saving A Generation. A training package that prepares teachers to teach about HIV and AIDS. Contact NEA Health Information Network, 1590 Adamson Pkwy., Suite 260, Morrow, GA 30260.

The Principal and the PTA, Partners in Education. Chicago, IL: The National PTA, 700 North Rush Street, Chicago, IL 60611-2571, (312) 787-0977

The School Board and the PTA, Partners in Education. Chicago, IL: The National PTA, 700 North Rush Street, Chicago, IL 60611-2571, (312) 787-0977

The Superintendent and the PTA, Partners in Education. Chicago, IL: The National PTA, 700 North Rush Street, Chicago, IL 60611-2571, (312) 787-0977

Partners in Education: Teachers-The 'T' in PTA. Chicago, IL: The National PTA, 700 North Rush Street, Chicago, IL 60611-2571, (312) 787-0977

"Reducing the Risk: A School Leader's Guide to AIDS Education." Leadership Reports, Vol. 2. Alexandria, VA: National School Boards Association, 1989. Available from National School Boards Association, 1680 Duke Street, Alexandria, VA 22314, (703) 838-6722.

How To Talk To Your Children About AIDS. New York: SIECUS, 1989. Order from SIECUS, 32 Washington Place, Fifth Floor, New York, NY 10003.

STD: A Guide for Today's Young Adult by William L. Yarber. Reston, VA: The American Alliance for Health, Physical Education, Recreation, and Dance, 1985. Contact: American Alliance for Health, Phys. Ed., Recreation, and Dance, 1900 Association Dr., Reston, VA 22091.

AIDS: What Young Adults Should Know, Instructor's Guide, 2d ed. by William L. Yarber. Reston, VA: The American Alliance for Health, Physical Education, Recreation, and Dance, 1989. Available from American Alliance for Health, Physical Education, Recreation, and Dance, 1900 Association Drive, Reston, VA 22091

Other Publications and Programs:

Advice to School Superintendents: Planning for the Admission of Students with AIDS and Managing Potential Adverse Community Reaction. by Jonathan Chace. Single copies may be requested free from: Jonathan Chace, Regional Director, Community Relations Service, U.S. Department of Justice, Room 309, Custom House, Second and Chestnut Streets, Philadelphia, PA 19106, (215) 597-2344.

AIDS and the Law by Harlon L. Dalton, Scott Burris, and the Yale AIDS Law Project. New Haven & London: Yale University Press, 1987.

Close Encounters: A Role-Playing Simulation for Adolescents about HIV/AIDS. A classroom kit with materials to introduce, conduct, and discuss a set of role-playing discussions. For more information contact Dennis Meadows, IPSSR, Hood House, University of New Hampshire, Durham, NH 03824, (603) 862-2186.

Learning By Heart: AIDS and Schoolchildren in America's Communities by David L. Kirp with Steven Epstein, Marlene Strong Franks, Jonathan Simon, Douglas Conaway, and John Lewis. New Brunswick and London: Rutgers University Press, 1989.

Kids Need To Know...From You. by the New Hampshire Family Planning Council, Concord, NH, 1989. This parent information program is available from the New Hampshire Family Planning Council, 11 South Main Street, Concord, NH 03301, contact person: Kate Miller (603) 224-4394.

Does AIDS Hurt? by Marcia Quackenbush. Santa Cruz, California: Network Publications, a division of ETR Associates, 1988, p.p. 131-135. Available from ETR Associates, Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407

The AIDS Challenge edited by Marcia Quackenbush and Mary Nelson. Santa Cruz, California: Network Publications, a division of ETR Associates, 1988. P. 66, p. 68, p. 77, p. 80. Available from ETR Associates, Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407

V. Appendices

New Hampshire Laws Relating To HIV/AIDS

RSA Chapter 141-C Communicable Disease

141:18 Sexually Transmitted Disease.

I. The director may request the examination, and order isolation, quarantine, and treatment of any person reasonably suspected of having been exposed to or of exposing another person or persons to a sexually transmitted disease. Any order of treatment issued under this paragraph shall be in accordance with RSA 141-C: 11, RSA 141-C: 12, and RSA 141-C: 15.

II. Any minor 14 years of age or older may voluntarily submit himself to medical diagnosis and treatment for a sexually transmitted disease and a licensed physician may diagnose, treat or prescribe for the treatment of a sexually transmitted disease in a minor 14 years of age older, without the knowledge or consent of the parent or legal guardian of such minor.

Chapter 262, Session Laws of 1988 An Act Relative to Aids Education, Prevention and Control and Making an Appropriation Therefore and Relative to Testing For the Aids Virus for Insurance Purposes

Be it Enacted by the Senate and House of Representatives in General Court convened.

262:1 Policy

I. The general court finds that the threat to the public from the human immunodeficiency virus and its variants, the causative agent of acquired immune deficiency syndrome (AIDS), AIDS related conditions (ARC), and other clinical manifestations of human immunodeficiency virus can be avoided by an educated and socially responsible citizenry. The general court further recognizes that early identification and diagnosis of the human immunodeficiency virus and its variants is crucial to appropriate and timely medical intervention, counseling, and to retarding the spread of the virus.

The general court finds that the threat to the public from the human immunodeficiency virus and its variants . . .can be avoided by an educated and socially responsible citizenry.

II. Any materials, courses and programs distributed, developed, or provided by the division shall stress that abstinence or a monogamous relationship and avoiding drugs are the most effective ways to prevent contracting the human immunodeficiency virus.

III. The general court declares that the policy of this state shall be to protect its citizens to the fullest extent possible in a manner consistent with the rights of the individual. The general court intends to address these problems in a manner consistent with its state policy by implementing the following procedures:

(a) To identify and provide at the earliest possible time the resources needed to minimize and control the spread of the human immunodeficiency virus; and

(b) To coordinate the educational and detection efforts of the state through the division of public health services, department of health and human services and the department of education.

It is the purpose of this chapter to designate the division of public health services, department of health and human services, as the state agency responsible for preparing information on the transmission and prevention of the human immunodeficiency virus.

262:2 New Chapter; Human Immunodeficiency Virus.

Amend RSA by inserting after chapter 141-E the following new chapter:

RSA CHAPTER 141-F
Human Immunodeficiency Virus Education Prevention, and Control

141-F:1 Statement of Purpose

It is the purpose of this chapter to designate the division of public health services, department of health and human services, as the state agency responsible for preparing information on the transmission and prevention of the human immunodeficiency virus. It is also the purpose of this chapter to require the division of public health services to provide testing for the human immunodeficiency virus, to assure the quality of similar testing by other laboratories in the state, and to carry out epidemiological analysis and follow-up. Finally, it is the purpose of this chapter to protect individuals from unauthorized disclosure of human immunodeficiency virus test results.

141-F:2 Definitions.

In this chapter:

I. "Antibody" means a protein produced by the body in response to specific foreign substances such as bacteria or viruses.

II. "Antigen" means a substance that stimulates the production of antibodies.

III. "Director" means the director, division of public health services or his designee.

IV. "Division" means the division of public health services, department of health and human services.

V. "Human immunodeficiency virus" means the virus, or its variants, which are the causative agents of acquired immune deficiency syndrome (AIDS), AIDS related conditions, and other clinical manifestations.

VI. "Serologic positive" means the presence in an individual, as detected by laboratory testing, of an antibody or antigen to the human immunodeficiency virus.

141-F:3 Powers and Duties of the Division.

The division shall:

I. Provide information and guidance to the department of education for their development of courses and programs relative to the human immunodeficiency virus which meet the requirements of RSA 186:11, IX and XXVII.

Provide information and guidance to the department of education for their development of courses and programs relative to the human immunodeficiency virus which meet the requirements of RSA 186:11, IX and XXVII.

II. Develop training courses and materials on the human immunodeficiency virus and related issues, for police, fire, and emergency medical services personnel and provide assistance on the development and implementation of such courses and materials to the relevant state and local agencies.

III. Distribute informational materials on the human immunodeficiency virus to health care providers, health care institutions, local health and social service agencies, local units of government, and, upon request, to other public and private agencies and organizations.

IV. Provide information to persons at high risk of acquiring the human immunodeficiency virus.

V. Provide assistance to government agencies, school districts, health care institutions, businesses, and industries to establish policies and practices for coping with the human immunodeficiency virus.

VI. Disseminate information to the general public, using print and broadcast media, on the human immunodeficiency virus, its causes and effects, and on methods of prevention and control.

VII. Conduct training sessions and workshops, upon request, for educators, physicians, and the staff and volunteers of hospitals and other health care agencies, licensed under RSA 151, on the human immunodeficiency virus, methods of prevention and control, methods for pre-test and post-test counseling for infected persons and their families, and management of medical care and treatment of infected persons.

VIII. Within the limits of appropriated funds, augment community efforts by providing, directly or by contract, with local health or social service agencies or with any other relevant agency or organization, services relating to the human immunodeficiency virus.

IX. Provide laboratory testing services in accordance with RSA 141-F:6 to detect the presence of the human immunodeficiency virus in samples submitted by health care providers.

X. Certify facilities in accordance with RSA 141-F:6 who offer or otherwise make available laboratory testing services to detect the presence of the human immunodeficiency virus.

XI. Conduct follow-up investigations in accordance with RSA 141-F:9.

XII. Apply for, receive, and expend funds made available to the state by the federal government or other sources and use such funds to carry out the provisions of this chapter.

XIII. Provide an informational brochure relative to the human immunodeficiency virus to persons applying for a marriage license and make such brochure available to town and city clerks for distribution under RSA 457:23, II.

141-F:4 Rulemaking.

The director shall adopt rules under RSA 541-A relative to:

I. Procedures for testing blood samples under RSA 141-F:5, I

II. Procedures for testing body parts, tissues, or fluids under RSA 141-F:5, II

III. Procedures for confidentially testing body parts, tissues, or fluids under RSA 141-F:5, III

IV. Procedures for conducting tests under RSA 141-F:5, II

V. Procedures for certification under RSA 141-F:6, II

141-F:5 Informed Consent for Testing; Exceptions.

Except as provided in this section, no physician or advanced registered nurse practitioner licensed or registered to practice in this state, no employee of a health care facility licensed under RSA 151, whether paid or unpaid, and no employee of a blood bank, blood center, plasma center, or agency which receives blood donations, whether paid or unpaid, may test for the presence of an antibody or antigen to a human immunodeficiency virus unless the person being tested consents after being informed about the medical interpretations of positive and negative test findings and applicable provisions of RSA 141-F:7 and 141-F:8. Testing without consent may occur in the following situations:

I. Any blood bank, blood center, plasma center, or agency which purchases or receives donated whole blood, blood plasma, a blood product, or a blood derivative shall, prior to its distribution or use, subject such blood to a test which conforms to rules adopted by the director under RSA 141-F:4.

II. A physician or advanced registered nurse practitioner licensed or registered to practice in this state who procures, processes, distributes, or uses a human body part, tissue, or fluid donated under RSA 291-A may, without obtaining consent to the testing, test for the presence of an antibody or antigen to the human immunodeficiency virus, in accordance with rules adopted by the director under RSA 141-F:4 in order to assure medical acceptability of the gift for the purpose intended.

III. A health care facility engaged in medical research may, without first obtaining consent to the testing, subject any body parts, fluids, or tissues to a test for the presence of an antibody or antigen to a human immunodeficiency virus in accordance with rules adopted by the director under RSA 141-F:4 if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher.

IV. Individuals convicted and confined to a correctional facility pursuant to the order of a court, or committed to New Hampshire hospital, may be tested without obtaining written consent to the testing, when the results of such tests are necessary for the placement and management of such individuals in the facility, pursuant to the written policies and procedures of the chief administrator of the facility.

V. A physician licensed to practice in this state, or a person authorized by the physician, may, without obtaining consent to the testing, test for the presence of an antibody or antigen to a human immunodeficiency virus when the person being tested is incapable of giving informed consent and when a test for the presence of an antibody or antigen to a human immunodeficiency virus is immediately necessary to protest the health of the person.

141-F:6 Testing: Certification

I. The division shall offer laboratory testing, in accordance with RSA 131, for the presence or absence of antibodies or antigens of the human immunodeficiency virus. Each sample for testing shall be submitted with a statement signed by a physician, or by a person authorized by a physician to sign, attesting that the person has consented to the test in accordance with RSA 141-F:5.

II. All other laboratories, public or private, which test human blood or any other business or organization, public or private, which tests human blood, tissue, or other samples as part of its operations may offer to test samples for the presence or absence of antibodies or antigens of the human immunodeficiency virus

if such laboratories are annually certified by the division. The director shall adopt rules under RSA 141-F:4 relative to the certification process. Such laboratories shall require that any sample for testing be submitted with a written statement signed by a physician, or a person authorized by a physician to sign, attesting that such person has given informed consent as required under RSA 141-F:5. Certification under this paragraph shall be in addition to any other certification, registration, or licensure required for such laboratories under state law.

141-F:7 Reporting of Test Results.

I. Except as provided in this section, test results of samples submitted for laboratory analysis under RSA 141-F:6 shall not be disclosed to any person or agency except:

(a) The physician ordering the test or the person authorized by the physician; and
(b) The director, in accordance with RSA 141-C:7.

II. Test results shall be disclosed by the physician or the person authorized by the physician to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification.

If the person with a serologic positive test result is less than 18 years of age or is mentally incapable of understanding the ramifications of a positive test result, the physician or the person authorized by the physician may disclose the test results to a parent or legal guardian. In such cases, the parent or legal guardian shall be entitled to appropriate counseling.

III. If the person with a serologic positive test result is less than 18 years of age or is mentally incapable of understanding the ramifications of a positive test result, the physician or the person authorized by the physician may disclose the test results to a parent or legal guardian. In such cases, the parent or legal guardian shall be entitled to appropriate counseling.

IV. If the person with a serologic positive test is confined to a facility pursuant to an order of a court, or committed to a mental health facility, the results of the tests shall be disclosed by the physician or the person authorized by the physician to the medical director or chief medical officer of such facility. The medical director or chief medical officer of the facility shall provide to the administrator in charge of the facility whatever medical data is necessary to properly assign, treat, or manage the affected individual. The administrator may disclose this information only to those individuals who require such information to properly assign, treat, or manage the affected individual.

141-F:8 Confidentiality; Release of Information

I. The identity of a person tested for the human immunodeficiency virus shall not be disclosed except as provided in RSA 141-F:7 and RSA 141-F:8, III and IV.

II. All records and any other information pertaining to a person's testing for the human immunodeficiency virus shall be maintained by the division, health care provider, health or social service agency, organization, business, school, or any

other entity, public or private, as confidential and protected from inadvertent or unwarranted intrusion. Such information obtained by subpoena or any other method of discovery shall not be released or made public outside of the proceedings.

III. Notwithstanding RSA 141-C:10 and paragraph I of this section, the identity of a person tested for the human immunodeficiency virus may be disclosed in response to a written request if such person has given written authorization for such disclosure. Such written request shall state the reasons for the request and shall contain only the identity of the infected person.

IV. Notwithstanding RSA 141-C:10 and paragraph I of this section, a physician licensed to practice in his state or other health care provider may disclose information pertaining to the identity and test results of a person tested for a human immunodeficiency virus to other physicians and health care providers directly involved in the health care of the person when the disclosure of such information is necessary in order to protest the health of the person tested. Information thus disclosed shall be maintained as provided in paragraph II of this section.

141-F:9 Disease Control.

The director or his designee shall conduct follow-up activities when reports of individuals found serologic positive are provided under RSA 141-C:7.

I. Such activities shall be conducted with due regard to the personal and property rights of the individual person and shall be limited to discovering the potential source of the infection and to identifying persons who may have been infected by such individual.

II. The director shall, if possible, do contact referral and shall encourage the individual person to notify any persons who may be or have been infected and urge such persons to undergo testing pursuant to the provisions of this chapter.

III. During the course of an investigation under this section, the director shall not disclose the identity of the individual found serologically positive.

141-F:10 Civil Liability.

Any person who purposely violates RSA 141-F:7, I or RSA 141-F:8, I and thereby discloses the identify of a person infected by a human immunodeficiency virus shall be liable to such person for actual damages, court costs and attorneys' fees, plus a civil penalty of up to $5,000 for such disclosure.

All records and any other information pertaining to a person's testing for the human immunodeficiency virus shall be maintained by the division, health care provider, health or social service agency, organization, business, school, or any other entity, public or private, as confidential and protected from inadvertent or unwarranted intrusion. Such information obtained by subpoena or any other method of discovery shall not be released or made public outside of the proceedings.

141-F:11 Penalty.

Any person who purposely violates the provisions of RSA 141-F:5 - 141-F:8 or any rules adopted pursuant to them shall be guilty of a misdemeanor if a natural person, or guilty of a felony if any other person.

The State School Organization

RSA 186:11 Duties.

The state board, through the commissioner of education acting as the executive officer of the board, shall ... investigate the condition and efficiency of public education with special reference to the instruction given in physiology and hygiene in relation to the effect of alcohol and other drugs and venereal diseases on the human system.

The state board, through the commissioner of education acting as the executive officer of the board, shall:

IX. Instruction as to Intoxicants and Venereal Diseases. Investigate the condition and efficiency of public education with special reference to the instruction given in physiology and hygiene in relation to the effect of alcohol and other drugs and venereal diseases on the human system, prescribe such a course in respect to these subjects as will stimulate and guide public sentiment and give a detailed account of its doings in relation thereto in its biennial report.

IX-a. AIDS Educational Materials.

a) Develop and provide human immunodeficiency virus-related educational material to:
(1) all school boards pursuant to RSA 189:10; and
(2) private and public elementary, secondary, and postsecondary educational and vocational training institutions for the delivery of appropriate courses and programs.

b) Evaluate AIDS information programs and course counseling activities, on a continuing basis, at private and public secondary and postsecondary educational and vocational training institutions for the delivery of appropriate courses and programs.

XXVII. Programs.

Prepare, publish and distribute such school programs, outlines of work and courses of study as will best promote educational interests of the state.

RSA 189:10 Studies.

The school board shall see that the studies prescribed by the state board are thoroughly taught, especially physiology and hygiene insofar as it relates to the effect of alcohol and other drugs and venereal diseases on the human system.

Family Communication

Produced by the National PTA with technical assistance from the Centers for Disease Control. Based on the National PTA brochure How to Talk to Your Teens and Children About AIDS *and* Families in Touch: Understanding AIDS, *Chicago Tribune Educational Services, 1988. Copyright 1989 by National PTA AIDS Education Project. Reprinted by permission.*

Talking to Children About AIDS

"What do I teach my child about AIDS and when is the right age to bring up the subject?" Most parents recognize their responsibility to talk to their children about AIDS, but for many the task is difficult and emotional. It is best to begin preparing for the talk by:

- Learning accurate information about HIV and AIDS. The more you know, the more comfortable you'll feel answering your child's questions.
- Becoming aware of your child's fears and worries about HIV and AIDS.
- Not underestimating what children know and not forcing them to deal with issues beyond their understanding.

Preschool children (0-4 years)

Children at this age are learning basic things about their bodies and the world around them. They don't understand disease, death or adult sex. Mostly they need reassurance. Questions asked may concern sex such as, "Where do babies come from?" Make your answers clear and direct. Use proper terms for body parts. Give your child the message that you are always open to questions.

Young children (5-8 years)

Children at this age begin to learn about sex, health, sickness, and death. Their questions will focus on more specific concerns: "Will I get AIDS?" Again, reassurance is important. You should explain that AIDS is a serious health problem that rarely affects children.

Talking without lectures

Successfully giving HIV and AIDS information to young children may be easier during their playtime, in a relaxed atmosphere. Some ways to start include:

- Ask the child to draw a picture of things that keep children healthy. For example, brushing their teeth or eating vegetables.
- To discuss more complicated issues, ask the child to draw a picture of their idea of what a germ may look like or how they feel when they are sick.

- Use hand puppets to take this information one step further. Act out with the child situations that promote healthy habits and dispel fears about being sick or getting AIDS. For example:

- It's hard to catch AIDS. You can't get AIDS from hugging, holding hands, or drinking from a water fountain. It's okay to be friends with someone who has AIDS.

- Medicine from the doctor can make you better when you're sick. Never take medicine from anyone except the doctor or your parents.

Talking To Your Preteens and Teens About AIDS

"What do I teach my child about AIDS and when is the right age to bring up the subject?" Most parents recognize their responsibility to talk to their preteens and teens about AIDS, but for many the task is difficult and emotional.

It is best to begin preparing for the talk by:

- Learning accurate information about HIV and AIDS. The more you know, the more comfortable you'll feel answering your child's questions.

- Being aware of your child's fears and worries related to HIV and AIDS.

- Not underestimating what preteens and teens know.

Preteens (9-12 years)

Children at this age are interested in their bodies and in sex. Make sure they get correct information. They need to be warned about the dangers of casual sex and illegal drug use. Make time to talk with them and find out what they know. Immediately correct misinformation to create a healthy outlook that can last the rest of their lives.

Teens (13-19 years)

Teens are very involved with themselves and their friends. Taking risks with sex and drugs is a part of many young people's lives. Teens may be embarrassed to talk about HIV and AIDS, but keep talking! Make sure you know correct information about AIDS. Remain open and honest, stressing the importance of AIDS prevention. HIV transmission usually involves sexual contact or IV drugs, so be ready to discuss both issues with your teens.

Ideas for starting a conversation about HIV and AIDS

- While you are watching a TV news story on AIDS, it's simple to start a conversation by saying, "What have you heard about AIDS?" or "What have you learned about AIDS in school?"

- Leave books, articles or other important information lying around the house where others are sure to find them. Be sure you ask later-"Who read them?" and "What did they think?"

- Find a special and private time with your teen when no one else is around to discuss important issues. For example, Parent: "The news out there about AIDS is really scary. As much as I want to protect you, I can't be with you all the time. Besides, you wouldn't want me around all the time. I remember what it was like when I was your age. Then life was easy compared to what you have to deal with. AIDS is frightening because it's a killer. Can we talk about it?"

Or, sometimes the direct approach is best:

- Parent: "I'm really worried about everything I hear about drugs and sex between young people your age. No matter what is happening with others, I've probably seen it before and it's not going to shock me. Remember, you can come to me if you have a question or problem. So let's talk about AIDS. You may not need this information now, but keep it in mind for when you do."

Attitudes about Sexuality in New Hampshire

A University of New Hampshire Research Report
by the Department of Family Studies

by Dr. Kristine Baber

There is a growing consensus that sexuality education is necessary in our society to combat high teen pregnancy and abortion rates, the epidemic of AIDS, and the spread of other sexually-transmitted diseases. Schools have been, and continue to be, primary providers of sexuality education. However, few schools have comprehensive programs, there is little agreement about what topics to teach and when to introduce them, and many school administrators are concerned about resistance from the vocal minorities of parents who oppose such programs.

Data from 565 parents, 247 school board members, 151 principals, and 28 superintendents in New Hampshire provide information that may be useful to those developing sexuality education programs and policies.

Data from 565 parents, 247 school board members, 151 principals, and 28 superintendents in New Hampshire provide information that may be useful to those developing sexuality education programs and policies. Questionnaires were mailed to a random sample of parents in each of six SAU's in different regions of the state that agreed to participate in the study. Similar questionnaires were sent to all school board members, principals, and superintendents. Ninety-two percent of the parents, 96% of school board members, 97% of principals, and 100% of superintendents believed that schools should provide sexuality education.

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Table 1

PERCENTAGE WANTING SUBJECT TAUGHT

Topic	Parents	Principals	School Board	Superintendents
Body Parts	90 %	95 %	90 %	86 %
Menstruation	92	97	92	89
Reproduction	94	97	94	89
Contraception	90	93	90	79
Teen Pregnancy	92	95	91	89
Abstention	94	97	92	86
Abortion	72	82	78	71
Peer pressure	94	97	94	86
Decision making	87	93	90	86
Rape	86	91	88	86
Abuse	90	96	90	86
STD's	93	95	94	86
AIDS	93	96	94	89
Homosexuality	74	83	81	75
Masturbation	68	83	76	71

Participants were asked to respond to a list of topics and indicate whether the topic should be taught and, if so, in which grade each topic should be introduced. Table 1 provides the percentages of individuals in each group that believe the topic should be addressed in public schools. The vast majority of participants think all topics should be introduced. The most controversial topics were abortion, homosexuality, and masturbation.

Superintendents (96%) were more likely to say that parental permission should be required before sexual topics were discussed than were parents (50%), principals (40%), or school board members (40%). In response to the question regarding when each topic should be introduced, on average, all groups wanted every topic introduced by 6th grade, with the exception of homosexuality and abortion. Table 2 provides the mean responses for each group. However, the agreement across groups on appropriate grades for introduction is striking. Where there are significant differences, parents and school board members are likely to favor a somewhat later introduction than are principals and superintendents. Superintendents, however, want to wait the longest to introduce the most controversial topics of abortion and homosexuality.

Parents want to be involved with the schools' sexuality programs.

Parents want to be involved with the schools' sexuality programs. Seventy percent want to be able to review teaching materials. Eighty-six percent want to know what topics will be addressed and 82% want to know when each topic will be introduced. Eighty percent want to work on assignments at home with their children. School administrators thought parents should serve on advisory committees, but only 32% of parents wanted to be involved in that way. Only 25% of parents indicated any interest in actually sitting in on classes.

Table 2

GRADE LEVEL OF INTRODUCTION

Topic	Parents	Principals	School Board	Superintendents
Body parts	3.6	3.5	3.7	3.0
Menstruation	4.7	4.5	4.8	4.5
Reproduction	5.1	4.6	5.5	4.5
Contraception	6.5	6.5	6.8	6.8
Teen pregnancy	6.6	6.4	6.5	6.4
Abstention	5.8	5.1	5.9	4.5
Abortion	7.2	7.2	7.4	8.0
Peer pressure	4.9	3.4	4.8	3.5
Decision making	6.6	6.1	6.7	5.3
Rape	6.3	6.2	6.6	6.8
Sexual Abuse	3.7	2.6	3.7	1.5
STDs	6.4	5.6	6.5	5.2
AIDS	5.6	5.0	5.8	3.8
Homosexuality	6.5	6.7	6.9	7.5
Masturbation	5.9	6.0	6.3	6.0

Of participating superintendents, 21% reported that their SAU had a policy regarding sexuality education. Thirty-nine percent of the school board members did not know whether or not their districts had such a policy. However, 82% of principals indicated that sexuality topics were addressed either in separate courses (14%) or as units in other courses (67%). Eighteen percent of the principals reported that their schools did not address any sexuality topics.

The vast majority of these parents support sexuality education and they are in substantial agreement with school administrators regarding the implementation of programs.

Care should be taken in generalizing the data from parents, because only 25% of parents to whom questionnaires were sent returned them. However, the responses of parents who participated are very consistent with those from national studies on this subject. The data from New Hampshire parents probably reflects the positions of those who are most concerned about sexuality education and are motivated to be involved and voice their beliefs. The vast majority of these parents support sexuality education and they are in substantial agreement with school administrators regarding the implementation of programs. They also have clear opinions of how they would like to be involved with the schools in the education process. Hopefully, this information will be useful in facilitating collaborative approaches to sexuality education programs and policies that will benefit the children of New Hampshire.

Additional data, information on the methodology, suggested readings, and consultation regarding sexuality education are available from Dr. Kristine Baber, Department of Family Studies, Pettee Hall, University of New Hampshire, Durham, NH 03824 (telephone 862-2135).

Glossary

Abstinence Not having sexual intercourse with another person and not using drugs.

AIDS—Acquired Immune Deficiency Syndrome An acquired defect in immune system function which reduces the affected person's resistance to certain types of infections and cancers. The cause is a virus (HIV) which is transmitted through intimate sexual contact or exposure to infected blood or blood products. AIDS has been termed the number one health problem in the United States by the U.S. Public Health Service. Once immune deficient, a person with AIDS becomes susceptible to a number of opportunistic diseases.

Antibody A protein belonging to a class of proteins called immunoglobulins. Antibodies are produced by plasma cells to fight specific infectious agents (i.e., viruses, bacteria, etc.). The antibodies then combine with the infectious agent they are made to fight and often cause the death of that infectious agent.

Asymptomatic Having an infectious organism within the body but showing no outward symptoms.

Bacteria Microscopic organisms composed of a single cell. Many bacteria can cause disease to man.

Bisexual A person who is sexually attracted to persons of either sex.

Casual Contact A non-sexual exposure to an infectious organism. May be airborne, carried on an inanimate object, or transmitted by direct person-to-person non-sexual contact.

Communicable Disease A disease that can be transmitted from one person (or living thing) to another.

Condom (Rubbers) Balloon-like cover put on the penis before sex and removed after sex to prevent pregnancy and the spread of sexually transmitted infections. Only latex condoms should be used and they should be used along with a spermicide, such as nonoxynol-9 (a substance that has been know to kill the AIDS virus [HIV] in laboratory tests).

Congenital Being present at birth but not necessarily hereditary. Syphilis can be transmitted to the fetus after the 18th week of pregnancy. Early treatment of the mother can prevent infection of the fetus.

Contagious Disease Diseases that can be passed from person to person.

Contaminated A material of substance, such as blood, that has germs capable of infecting people.

Disseminated Spread of disease internally throughout the body.

Elisa Antibody Test The initial screening test used to detect antibody to HIV infection. The more sensitive of the two HIV antibody tests.

Epidemic Any unusual outbreak of the number of disease cases present at one time in a defined geographic region.

Helper Cells Part of the immune system and a type of T-lymphocyte which assists the B-lymphocytes in producing antibodies.

Hemophilia A hereditary plasma-coagulation disorder characterized by excessive sometimes spontaneous bleeding.

Hetrosexual A person who is sexually attracted to people of the opposite sex *(straight)*.

Homosexual A person who is sexually attracted to people of the same sex *(gay or lesbian)*.

Immune Response The activity of the immune system against foreign substances.

Immune Status The state of the body's natural defense to fight diseases. Is influenced by heredity, age, past illness history, diet, and physical and mental health. It includes production of circulating and local antibodies and their mechanics of action.

Immunosupressed A state of the body where the immune system defenses do not work normally. This can be the result of illness or the administration of certain drugs (commonly ones used to fight cancer).

Incubation The time between exposure to disease-causing organisms, and the time the disease appears.

Intercourse Sexual intercourse, the sexual union between individuals.

Intravenous Inside the veins-Intravenous (I.V.) drugs are drugs that are "shot up" into the veins.

Kaposi's Sarcoma A tumor of the walls of blood vessels. Usually (K.S.) appears as pink to purple, painless spots on the skin but may also occur internally in addition to or independent of the skin lesions. Death occurs from major organ involvement. Originally seen in elderly men or in equatorial Africa as a slow growing, benign lesion. It is now occurring in young men due to HIV infection, 80% of whom are gay, and is rapid and frequently fatal in its course.

Latency A period when the virus is still in the body but rests in an inactive state. Danger of transmission when the disease is in the latent period.

Lymph Nodes Small, bean-sized organs of the immune system distributed widely throughout the body. An outpost of B-lymphocytes.

Lymphocytes Small white cells normally present in the blood and lymphoid tissue that bear the major responsibility for carrying out the functions of the immune system.

Macrophage A scavenger cell found in the tissues, able to destroy invading bacteria or other foreign material.

Mucous Membrane The soft, moist skin that lines the body cavities such as the mouth, vagina, urethra, eyelids, rectum and so on.

Natural Killer Cells Large granular lymphocytes that attack and destroy other cells such as tumor cells and those infected with viruses or other microbes.

Parasite A plant or animal that lives, grows, and feeds on or within another.

Pathogen Any disease-producing microorganism or substance.

Penis Male organ for copulation (sexual intercourse) and urination.

Pneumocystis-Carinii Pneumonia (PCP) A lung infection seen in immunosupressed people. It is caused by the protozoa Pneumocystis carinii present almost everywhere but which is normally destroyed by healthy immune systems. It is airborne. Once a person develops PCP they are susceptible to reoccurrence of the disease and the outcome is often fatal.

Prevention The act of keeping something from happening.

Prodrome A period of vague or minor symptoms at the beginning of disease before the characteristic signs or symptoms develop.

Remission The lessening of the severity or duration of disease or the abatement of symptoms altogether over a period of time.

Safer Sex Those practices which reduce the risk of transmission of STDs.

Semen Fluid ejaculated by a male during sexual intercourse.

Sensitivity The probability that the test will be positive when the infection is present.

Sexually Transmitted Diseases (STDs) A term used with increasing frequency to refer to any and all venereal or sexually transmitted diseases. The major sexually transmitted diseases are gonorrhea, syphilis, herpes, chlamydia, HIV and AIDS.

Specificity The probability that the test will be negative when the infection is not present.

Suppressor Cell A type of T-lymphocyte which antagonizes helper cells and limits antibody production.

Syndrome A set of symptoms which occur together.

T-Cells White blood cells that are processed in the thymus gland. They are responsible, in part, for carrying out the immune response. They are also called T-lymphocytes.

Transfusion To transfer blood or blood products from one person to another person.

Transmission The process of being passed on as from person to person.

Vaccine A substance containing the protein of an infectious agent which stimulates active immunity and future protection against infection by that organism.

Vagina Female birth canal and organ for sexual intercourse or coitus.

Virus Submicroscopic microbe causing infectious disease. Can reproduce only in living cells.

Western Blot Antibody Test The second, supplementary test used in HIV antibody testing. The more specific of the two tests.

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Wisconsin Curriculum Progression Matrix, K–12

Curriculum Progression Matrix/K-12 Instruction About AIDS

This matrix has been adapted from the Wisconsin Department of Public Instruction *Guide to Curriculum Planning In Health Education*. It offers a framework for integrating instruction about AIDS into existing K-12 health instruction. The student outcomes listed are paraphrased from the guide and are not all inclusive. They do offer an example of the scope and sequence of the knowledges, attitudes, and skills needed by students to develop positive health behaviors critical to preventing the AIDS virus infection.

A special addendum with specific objectives on AIDS is provided. For grades K-3, the primary goal is to allay children's fears about AIDS.

The annotated list of resources at the end of this document and the support materials were carefully selected to provide the instructional materials and additional background information needed to accomplish these student outcomes. All outcomes should be prefaced with the phrase "The student will . . ."

Major Content Area

Grade Level	Prevention and Control of Disease	Family Life Education	Substance Use and Abuse	Personal Health	Mental and Emotional Health	Special Addendum on the AIDS Virus Infection
K	- suggest behaviors associated with feeling well and ill - know the value of good personal hygiene habits	- respect similarities and differences in human beings - understand that one has the right to accept or reject affection	- describe the different ways people take medicines - explain reasons for consulting a responsible adult before using medicines or chemical substances	- begin assuming responsibility for personal grooming and cleanliness habits	- value themselves as worthwhile and show concern for others - identify persons to go to for help when ill, hurt, concerned, or frightened	- feel comfortable asking questions about AIDS
1	- discuss the relationship between germs and disease - suggest ways to prevent illness - recognize public health efforts aimed at prevention and control of disease	- realize that one should say no and tell a trusted someone about approaches and offers of gifts from strangers	- describe good risks and bad risks - explain risks involved in using unknown substances	- demonstrate knowledge of activities that help promote personal cleanliness and reduce transmission of disease	- differentiate between acceptable and unacceptable behavior - describe positive qualities in themselves and others	
2	- demonstrate behaviors which help prevent disease - explain how communicable diseases spread	- recognize that human beings grow and develop inside their mothers - realize that abuse occurs in many different ways	- describe the appropriate rules for taking medicines	- discover that decision making is involved in choosing and assessing personal health practices - identify, locate, and describe the major organs in the human body	- know that behavior has consequences	
3	- identify habits that may increase risk of disease	- illustrate ways significant others influence attitudes and behavior	- predict the effects of drug use on physical, emotional, and social well being	- describe the general structure and function of body systems - accept individual differences	- describe how a person's behavior can be helpful or harmful	
4	- describe the relationship between personal behavior and health or illness - recognize that diseases can be prevented by the use of positive health practices	- use accurate terminology for the structure and function of the reproductive system - identify the changes that occur as one approaches puberty - define different types of personal abuse and know where to get personal help	- describe the behavioral effects of drug use - give reasons why people do and do not misuse and abuse drugs	- develop plans for rewarding self for positive health behaviors	- recognize the impact emotions have on decision making - explain the relationship between health habits and self esteem	- describe the action of the AIDS virus - demonstrate ability to discuss media messages about AIDS - express one's fears about AIDS and seek corrections of misinformation - describe how fear affects people's actions toward one another
5	- develop a personal plan for avoiding disease and enhancing health - describe personal and social factors that motivate healthy behavior	- explain the structure and function of the human reproductive system - explain physical, emotional, and social changes that occur as one approaches puberty	- demonstrate helpful strategies for dealing with social pressures to use drugs - appreciate the positive influences of peers and adults	- identify characteristics of puberty and the effects of these changes on physical, emotional, and social development - recognize the effects of personal health practices on well-being	- explain the impact of peer influences on behavior - demonstrate interpersonal behaviors that can help people feel comfortable with one another - assess one's own attitudes about risk taking	- explain that the surest way to prevent AIDS is to avoid the known risk behaviors associated with the spread of the disease
6	- evaluate health practices and describe the consequences of positive and negative health behaviors - describe the four major killers of Americans today - explain the relationship between the human immune system and the disease process	- analyze the impact of peer pressure on an individual and a group - explain basic steps involved in making a rational decision - identify personal strategies to use in unsafe situations	- develop a personal plan to positively confront social pressures related to drug use	- describe the basic structure and function of a cell	- demonstrate the use of decision-making strategies which take into account alternatives, consequences, and optional solutions	- understand that the AIDS virus destroys the human immune system - identify that high-risk behaviors associated with the spread of AIDS are intimate sexual contact with infected persons and reusing dirty syringes and needles
7 8 9	- determine the factors that place one at risk for diseases and/or enhance one's health - identify sources, symptoms, and treatments of sexually transmitted diseases	- demonstrate an understanding of changes occurring at puberty - understand a pregnant mother's ability to affect healthy embryonic and fetal development - accept and value human sexuality as normal and essential for total well-being - know that the need for love and affection influences behavior - identify factors that influence these sexual attitudes - recognize the value and necessity of communicating about sexuality with parents or significant others - identify the responsibilities and consequences inherent in sexual relationships - develop decision-making skills which demonstrate the practice of positive health behaviors	By the end of 9th grade, students will: - demonstrate stress management techniques that are alternatives to substance abuse - identify the possible consequences of the use of alcohol and other drugs - explain why each individual is responsible for one's own decision to use or not to use alcohol and other drugs	- analyze fad behavior as a force affecting health decisions	- demonstrate the ability to set realistic goals - discuss setting individual standards of behavior based on positive emotional health values	- recognize that most persons infected with AIDS don't know they are infected - recognize that many persons infected with AIDS remain apparently well but are still infectious to others - explain that a pregnant woman who is infected with the AIDS virus can pass the infection to her unborn child - determine the accuracy of information about AIDS
10-11-12	- identify agencies that treat communicable diseases or chronic disorders and describe referral procedures - design a plan aimed at disease prevention and health promotion	- understand the factors that promote healthy embryonic and fetal development - understand what sexual assault is and how to prevent it	By the end of 12th grade students will: - appreciate the right to "say no" to the use of alcohol and other drugs - recognize that decisions regarding drug use have social implications	- demonstrate the impact significant people have on the health lifestyles of others - recognize social forces and norms that exert positive and negative influences on health practices	- demonstrate effective communication skills - formulate a personal plan to maintain one's own mental health	- identify where an individual who wants to know more about AIDS can obtain confidential information and/or blood tests

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